

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31026
State File No. 8494
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5950 Plymouth Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Albert A. Gloeckner
3. (b) If veteran, name war #1
3. (c) Social Security No. 702-14-0692

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Gloeckner
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Oct. 27, 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 1
If less than one day hr. min.

9. Birthplace Pomeroy, Ohio.
(City, town, or county) (State or foreign country)
10. Usual occupation Civil Engineer

MOTHER FATHER

11. Industry or business
12. Name Peter Gloeckner
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schorn
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Gloeckner
(b) Address 5950 Plymouth Ave.,
17. (a) Removal (b) Date thereof Oct. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Illmo., Missouri.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) SEP 30 1948 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5950 Plymouth Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1948 hour 1:26 minute A.M.

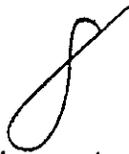
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. er alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature _____ (M. D. or other)
Address _____ Date signed 9/28/48



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alfred J. Boedeker*

Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiament Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.