

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18025

State File No. _____

MAY 19 1952

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4043**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 265 N. Union		d. STREET ADDRESS (If rural, give location) 12 265 N. Union 0			
3. NAME OF DECEASED (Type or Print) a. (First) ROSALIE		b. (Middle) K. GLASER		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 4 28 52		5. SEX female		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 11/18/1891		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ohio	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Morris Kleinhauser		13b. MOTHER'S MAIDEN NAME Carrie Goldsmith	
14. NAME OF HUSBAND OR WIFE Walter M. (DECEASED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Morris Glaser		17. ADDRESS 101 Arundel			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis, Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H200</i>	
22. I hereby certify that I attended the deceased from <i>April</i> , 19 <i>53</i> , to <i>April 28</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>April 29</i> , 19 <i>52</i> , and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Heriman M. Meyer MD</i>		23b. ADDRESS <i>4409 West Pine</i>		23c. DATE SIGNED <i>4/29/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal <i>H</i>		24b. DATE <i>4/30/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Sinai</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		DATE REC'D BY LOCAL REG. <i>APR 30 1952</i>		REGISTRAR'S SIGNATURE <i>E. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Meyer</i>		ADDRESS <i>4356 Lindell Blvd</i>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

John S. Dennehy

Licensed Embalmer No. 4199

P. O. Address.....

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.