

## STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

FILED JAN 14 1954

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 54000  
4

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings, Mo. RAAAL</b>		c. LENGTH OF STAY (In this place) <b>3 Years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hallsferry Memorial Home</b>		c. CITY OR TOWN <b>Jennings</b>	
3. NAME OF DECEASED a. (First) <b>Katherine</b> (Type or Print)		b. (Middle) <b>Glueck</b> c. (Last)	
4. DATE OF DEATH <b>Jan. 1, 1954</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 6, 1886</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Weierback</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Busch</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Irwin Glueck, 3614a N. 22nd Street</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive &amp; Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Previous strokes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
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) <b>443X</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>6:30A</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 27, 1950</b> , to <b>Jan 1, 1954</b> , that I last saw the deceased alive on <b>Dec 29, 1953</b> , and that death occurred at <b>6:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>O Lewis Littmann MD</b>		23b. ADDRESS <b>8231 Clayton Rd (171)</b>	
23c. DATE SIGNED <b>1/2/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1-4-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son Inc.</b>	
DATE REC'D BY LOCAL REG. <b>1-2-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Rombo MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son Inc.</b>		ADDRESS <b>2161 E. Fair Ave.</b>	

**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.....  
Signature of Student Embalmer

Signed *Clement M. Neary*

Licensed Embalmer No. *393*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.