

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27717**
Registrar's No. **6704**

FILED SEP 1 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) Life | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital #1 | | e. STREET ADDRESS (If rural, give location) 1419a Benton Street 226/2 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HILDA b. (Middle) MARY c. (Last) GLEIBER | | 4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH April 13, 1888 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Frank Holtermann | | 13b. MOTHER'S MAIDEN NAME Minna Raabe | |
| 14. NAME OF HUSBAND OR WIFE Charles Gleiber | | 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 ADDRESS Walter J. Gleiber 6110 Carlsbad Avenue | |
| 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) Heart Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 9319 116 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) Accident | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000 | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:0 P. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Patrest C. Taylor Corner | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED AUG 2 1955 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-3-55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. AUG 2 1955 | | REGISTRAR'S SIGNATURE Carl Smith MO | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. | | ADDRESS 1936 St. Louis Avenue | |

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupine
Licensed Embalmer No. 34
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.