

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34777

State File No.

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8976**

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 township) St. Louis,		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION 5229 Alaska Ave.,		STREET ADDRESS (If rural, give location) 5229 Alaska Ave.,	

3. NAME OF DECEASED (Type or Print) Henry	a. (First)	b. (Middle) O.	c. (Last) Glatz,	4. DATE OF DEATH October 13, 1955
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5. SEX Male,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH October 8, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 11 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance-Building	10b. KIND OF BUSINESS OR INDUSTRY Retired 18 Yrs.	11. BIRTHPLACE (City and State or Foreign Country) Herman, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Glatz,	13b. MOTHER'S MAIDEN NAME Elizabeth April,	14. NAME OF HUSBAND OR WIFE Elizabeth H. Glatz,
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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 Elizabeth H. Glatz,	ADDRESS 5229 Alaska Ave.,
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arterial Vascular Disease		4 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Arteriosclerosis		about 5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. My hypertension		about 4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 22, 1954**, to **Oct 13, 1954**, that I last saw the deceased alive on **Oct 13, 1954**, and that death occurred at **10:15Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Adonis Schubert MD	(Degree or title)	23b. ADDRESS 3066 Polone Place, St. Louis,	23c. DATE SIGNED Oct 14 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	24b. DATE 10/17/55	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,
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DATE REC'D BY LOCAL REG. OCT 14 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.
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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 byme....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Loren E. Derr

Licensed Embalmer No..4094.
2842 Meramec
P. O. Address St.,-Louis,-18

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.