

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10766

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2287

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) STAY (in this place) 2 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5004 Winona Ave.		d. STREET ADDRESS (If rural, give location) 5004 Winona Ave. 21470	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.	
c. (Last) Glassen		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1878
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consulting Engineer		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (State or foreign country) Mascoutah, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Emil Glassen	
13b. MOTHER'S MAIDEN NAME Catherine Graeser		14. NAME OF HUSBAND OR WIFE Antionette Lill	
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. 489-03-6738	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. C. Schuricht		ADDRESS 7834 Calles	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Pulmonary emphysema with chronic bronchitis	
INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs. 10 yrs.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
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) m.	
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 8-20-19 54 to 3-4-19 56, that I last saw the deceased alive on 3-4-19 56 and that death occurred at 10 E 10A m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 634 N. Grand Blvd.	
23c. DATE SIGNED 3-5-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE March 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Mascoutah City Cemetery	
24d. LOCATION (City, town, or county) (State) Mascoutah, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mascoutah, Ill.	
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Daniel H. Moll

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Daniel H. Moll

Licensed Embalmer No. 8295 Illin

P. O. Address Mascoutah, Ill.

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.