

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26480**

FILED SEP 4 1956

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 182			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri				b. COUNTY Warren	
b. CITY OR TOWN Washington		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Rural-Charrette		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) 4 miles West of Marthasville				1090	
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Joseph		c. (Last) Glosemeyer		4. DATE OF DEATH (Month) (Day) (Year) August 24, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 12, 1869		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Spain Farm		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Henry Glosemeyer			13b. MOTHER'S MAIDEN NAME Adalade Finder			14. NAME OF HUSBAND OR WIFE Louisa Glosemeyer			
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 Louisa Glosemeyer, Marthasville, Mo.				
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) Left lobar pneumonia						INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myo cardiac infarction						1 week	
		DUE TO (c) coronary sclerosis						5 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis left leg.						2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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?					
22. I hereby certify that I attended the deceased from Aug 10, 1956 , to Aug 24, 1956 , that I last saw the deceased alive Aug 24, 1956 , and that death occurred at 10:30 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. Schmidt				23b. ADDRESS Marthasville Mo			23c. DATE SIGNED 8-25-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/56		24c. NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery		24d. LOCATION (City, town, or county) (State) Warren County, Missouri			
DATE REC'D BY LOCAL REG. 8/25/56		REGISTRAR'S SIGNATURE J.P. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE L.P. Sudman		ADDRESS Marthasville, Mo.			

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.....
Signature of Student Embalmer

Signed *Delmont F. Lichtenberg*.....

Licensed Embalmer No. 4318.....

P. O. Address..Marthasville..A.M.

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.