Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10305

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3195

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 08 DEACONESS Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2159 4310 WILCOX — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BERTHA Middle ROSE Last GLASER

4. DATE OF DEATH Month MAR. Day 31 Year 1957

5. SEX Female

6. COLOR OR RACE WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH MAY 20 1900

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HENRY SCHMIDT

14. MOTHER'S MAIDEN NAME BREGGITTA HUCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT Address JOHN GLASER 4310 WILCOX

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer, metastatic to brain & lung — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of rt. breast — 2 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1957, to March 31, 1957 and last saw her/him alive on 31 mar 57
Death occurred at 11 50 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack Barrow MD

22b. ADDRESS 1105 Central Clayton 5

22c. DATE SIGNED 2 April 57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE APR. 3 1957

23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. APR 3 '57

26. REGISTRAR'S SIGNATURE J Earl Smith MD MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 39

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.