Health, Welfare Public Service

300 0
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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

STATE FILE NUMBER 18700

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5073

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 14 Jewish Hospital — Length of stay in 1b: 21 2 6

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): 305 N. Union Blvd. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOSEPH — Middle H. — Last GLAUBER

4. DATE OF DEATH: Month MAY — Day 29th, Year 1957

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ ?

8. DATE OF BIRTH: Dec. 12, 1876

9. AGE (In years last birthday): 80 — 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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Chemical

11. BIRTHPLACE (City and state or country): Pittsfield Illinois 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LEOPOLD GLAUBER

14. MOTHER'S MAIDEN NAME: ANNA FISCHEL

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

16. SOCIAL SECURITY NO.: 492-10-6626

17. INFORMANT — Address: E. Tzinberg-8300 Cornell

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage G.I. Tract — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal Ulcer — ? 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): Generalized Arteriosclerosis · Hypertension

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): 541.0

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 11-17-55, to 5-29-55 and last saw her/him alive on 5-29-57
Death occurred at 10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert Kaplan M.D. 0

22b. ADDRESS: 607 N. Grand

22c. DATE SIGNED: 5-29-57

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

23b. DATE: 5/31/57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR — ADDRESS: Herman Rindskopf Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.: MAY 31 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. MJB

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Peter B Ouchrouillet

Licensed Embalmer No. 36

P. O. Address St Louis

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