

318

1003

4401

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4401

FILED MAY 19 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Breese Ill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Breese Ill</u>
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>C</u> Last <u>Glaub</u>		4. DATE OF DEATH Month <u>5</u> - <u>8</u> - <u>1961</u> Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-23-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Guth Elec. Co.</u>	11. BIRTHPLACE (City and state or country) <u>Breese Ill</u>
13a. FATHER'S NAME <u>Harry Glaub</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schlueter</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <u>Mrs. Herm. Gowert 7447 Jennwood</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bleeding Peptic Ulcer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Post operative wound leak</u> <u>Pneumonia</u> <u>540.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <u>April 30, 1961</u> to <u>May 8, 1961</u> and last saw him live on <u>May 8-61</u> Death occurred at <u>7 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chow Miller</u> (Degree or title)		22b. ADDRESS <u>408 Humboldt St</u>	22c. DATE SIGNED <u>5/9/61</u>
23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE <u>5-10-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Dominic Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Breese Ill</u> <u>Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wingbermuehle 3819 SO Grand. Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 9 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

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 George J. Wang

Licensed Embalmer No. 4611

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.