

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034392

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2552 STATE FILE NUMBER

FILED AUG 23 1963	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> Length of stay in 1b <u>7 Hrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>St. Louis</u> Inside Limits. Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>6165 Delmar Blvd.</u> Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>Herman</u> <u>MAN</u> <u>Glessmer</u>	
4. DATE OF DEATH Month Day Year <u>Aug.</u> <u>10,</u> <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/18/1885</u>
9. AGE (last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Embroidery</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Embroidery</u>
11. BIRTHPLACE (City and state or country) <u>Austria</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Glessmer</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Boesch</u>
14. NAME OF HUSBAND OR WIFE <u>Elsie Lehner Glessmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
17. INFORMANT Address <u>Miss Irma Glessmer</u> <u>6165 Delmar</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>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 Hrs</u> DUE TO (b) <u>Arteriosclerosis Heart Dis</u> <u>yes</u> DUE TO (c) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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>Nov. 1960</u> to <u>Aug. 10, 1963</u> and last saw ^{her} him alive on <u>Aug. 10, 1963</u> Death occurred at <u>4:45 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.	
22a. SIGNATURE (Degree or title) <u>L. H. Macdonald M.D.</u>	22b. ADDRESS <u>4161 Linden</u>
22c. DATE SIGNED <u>8-12-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/13/1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Ressurrection Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons</u> <u>6175 Delmar Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>8-12-63</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED
 1/40-55
 2 20-55
 3
 4 0
 5 2
 6
 7 2
 8 1
 9 4200
 10
 11
 12 46-0
 13
 46

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Macdonald
4161 Lindell
Je. 3-1870

10-12 5771-4

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 Vernon Vedder

Licensed Embalmer No. 5031

P. O. Address St. Louis, Mo

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.