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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7247
467
Registrar's No.

Registration District No. 3 Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 702 Syracuse
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Jacob Glaser
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sarah Glaser
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 -- -- hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tailor

12. Name Unknown

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Glaser

(b) Address 6433 San Bonita

17. (a) Burial (b) Date thereof. 2-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindshopf

(b) Address 5216 Delmar Blvd

19. (a) 2-4-47 (b) Auto J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1947 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from
January 22, 1947, to March 1, 1947;
that I last saw him alive on March 1, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis with
Decompensation
Due to Pleural Effusion, Left.

Due to 93d

Other conditions. (Include pregnancy within 3 months of death)

Major findings:
Of operations no.

Of autopsy no.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no.

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature James R. Allen (M. D. of State)

Address 1004 Missouri Bldg. Date signed 3/3/47

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. E. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.