

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35683

1. PLACE OF DEATH *St. Louis* Registration District No. *1170*
 County *St. Louis* Primary Registration District No. *6284*
 Township *Richmond 45th* No. *St. Mary's Hospital*
 City *Richmond 45th* No. *St. Mary's Hospital* St. _____ Ward _____

2. FULL NAME *Louis Glaser*
 (a) Residence, No. *6336 Clayton Ave.* St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. *242*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 17, 1910*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 - 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.* (STATE OR COUNTRY)

13. NAME *Jacob Glaser*

14. BIRTHPLACE (CITY OR TOWN) *Russia* (STATE OR COUNTRY)

15. MAIDEN NAME *Sarah Weisberg*

16. BIRTHPLACE (CITY OR TOWN) *Russia* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Jacob Glaser 6336 Clayton Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *B'nai Amoona* DATE *Sept. 9, 1931*

19. UNDERTAKER (ADDRESS) *H. Rinderhoff 5276 Delmar*

20. FILED *10/9, 1931* *62 Jansen* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 8, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *10-7-31*, 19____, to *10-8-31*, 19____.

I last saw h./h. alive on *10-8-31*, 19____. Death is said to have occurred on the date stated above, at *4:30 P.* m.
 The principal cause of death and related causes of importance were as follows:

Bilateral Lobes
168 Pneumonia

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *O'Brien* M. D.
 (Address) *13720 Washington*

NOV 28 1931

