

FILED MAR 3 1947  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1821

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 0  
(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)

3. (a) PRINT FULL NAME Sarah Glaser

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Glaser

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 69 -- -- .hr. min.

9. Birthplace Odessa Russia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace unknown Russia 6  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace unknown Russia 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Glaser

(b) Address 7425 Cromwell Dr.

17. (a) Burial (b) Date thereof 2-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) FEB 23 1947 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

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) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1947 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from February, 1947, to 2-22, 1947,  
that I last saw her alive on 2-21, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchopneumonia 4 days

Due to Coronary Occlusion 10 days

Due to generalized arteriosclerosis

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: 61

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. Norman Origel (M. D. or other) M.D.  
Address 634 W. Grand, St. Louis Date signed 2/22/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *P. W. Campbell*  
Licensed Embalmer No. *3881*  
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 this body is not embalmed, fact should be so stated above.**