2036

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 6843
Registrar's No. 1316

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Vet. Adm. Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 20 days; In Community 14 yrs.; In Arizona 14 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson (If outside city limits also write RURAL)

(d) Street No. 222 North Park; (e) Citizen of foreign country (Yes or No) No

If Yes, which country

3. (a) FULL NAME GLASSER, Samuel XC 1 971 410 (b) If veteran name war WW I (c) Social Security No. Unkn.

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Etha Glasser
6. (c) Age of husband or wife, if alive 60 yrs.
7. Birthdate of deceased December 25, 1873 (Month) (Day) (Year)
8. AGE: Years 75 Months 0 Days 5 If less than one day hrs. min.
9. Birthplace Latvia NAT. (City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business -

Father
12. Name Harry Glasser
13. Birthplace Russia (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Schuster
15. Birthplace Russia (City, town or county) (State or Country)

16. (a) Informant's own signature Records & C.A. Janda, M.D., Wd. Physician
(b) Address Veterans Adm. Hospital, Tucson, Ariz.

17. (a) Burial, Cremation or Removal CREMATION
(b) Place South Lawn Memorial Park (c) Date 1-3-48

18. (a) Embalmer's Signature W. I. Hammond
(b) Funeral Director Howard A. Bring
(c) Address Bring Funeral Home, Inc.

19. (a) 1-3-49 (Date received Local Registrar)
(b) Teresa F. Oakin (Registrar's Signature)

40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 30, 1948; TIME (Hour and minute) 4:30 p.m.

21. I hereby certify that I attended the deceased from December 10, 1948 to December 30, 1948; that I last saw him alive on December 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE

Due to Spontaneous Rupture of Left Ventrical

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy Same as above.

DURATION
2 yrs.
Terminal

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) Nature of injury

23. Signature Samuel S. Altshuler, M.D., Chief, Professional Serv.
Address Vet. Adm. Hospital Tucson, Arizona Date signed 12-31-48 /k