

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **10053**

City, *St. Louis, Mo.*

St. Louis, Mo. *King Highway*

File No. **41746**

Registered No. **10822**

St. Ward)

2. FULL NAME

Robert Glenville

(a) Residence, No. *48759 Natl. Bridge* St., *7* Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

child

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

child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 4, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER

(ADDRESS)

20. FILED

DEC -7 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 6, 1932*

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 22, 1932 to Dec. 5, 1932

I last saw him alive on *Dec. 5, 1932* Death is said

to have occurred on the date stated above, at *1 1/2* m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar (unresolved) Date of onset *11-19*

161A 118

Other contributory causes of importance:

Congenital Atelectasis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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?

If so, specify *Ad. Taylor*

(Signed) *Ad. Taylor*, M. D.

(Address) *500 So. Kings Highway*

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.

