

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

Do not use this space.

16648

1. PLACE OF DEATH

County Jackson Registration District No. 329 File No. 2000
 Township St. Louis Primary Registration District No. 1006 Registered No. 2000
 City St. Louis (No. General Hospital #2 3rd Ward)

2. FULL NAME

Forest Glover
 (a) Residence, No. 2046 Holmes 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) 9-8-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 26 1 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) St. Louis, Mo.

13. NAME Robt. Glover

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

15. MAIDEN NAME Bendena Lott

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Cemetery DATE 5-6-34

19. UNDERTAKER (ADDRESS) Ed. Carson Funeral Home
2045 Independence St. St. Louis, Mo.

20. FILED May 5 1934 St. Louis, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-20-34 to 5-4-34

I last saw him alive on 5-7-34 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Lobular Pneumonia Date of onset 9-8-32

10-11-32 9-5-32

Other contributory causes of importance: Cardiac Hypertrophy with Decompensation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. O. Shivers M. D.

(Address) General Hosp #2

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.

JUN 19 1934

