

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 6 1936

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. **1003**
City *St Louis* (No. *4772*, *Castman*)..... St. Ward)

File No. **48357**
Registered No. **5393**

2. FULL NAME

Infant Glenn
(a) Residence, No. *4772 Castman* *17* Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 21 - 1936</i>		
7. AGE YEARS <i>Stillborn</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>		
MOTHER	13. NAME <i>Emmett L Glenn</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St James Mo</i>	
	15. MAIDEN NAME <i>Leona Betsy Wood</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>	
17. INFORMANT <i>Emmett L Glenn</i> (ADDRESS) <i>4772 Castman</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St Louis Mo</i> DATE <i>May 27 36</i>		
19. UNDERTAKER <i>Henry L Weidenmuller</i> (ADDRESS) <i>6203 Prayers av</i>		
20. FILED <i>J. H. Bredeck</i> MAY 21 1936 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *still born* *May 21 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5-21-36* to *5-21-36*, 1936
I last saw h *stillborn* alive on _____, 19____ Death is said to have occurred on the date stated above, at *8 A* m.
The principal cause of death and related causes of importance were as follows:
Stillborn
Date of onset

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) *E. M. Sidman*, M. D.
(Address) *3012 Lafayette*

