

APR 9 1937

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. **1008**
City St. Louis (No. Firman Desloge Hospital) St. Ward)

File No. **10032**
Registered No. **2593**

2. FULL NAME Opal Glymer

(a) Residence, No. 3934 A. Elaine Ave St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri

13. NAME Esty Bennett

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

15. MAIDEN NAME Hattie Ward

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

17. INFORMANT George H. Glymer
(ADDRESS) 3924 A. Elaine Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE March 8 1937

19. UNDERTAKER Peatz Brothers
(ADDRESS) 5029 Lafayette Ave

20. FILED MAR 5 1937 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to March 4, 1937.
I last saw her alive on March 4, 1937. Death is said to have occurred on the date stated above, at 8:15 P.
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation from
mild & toxicogenic stenosis

Other contributory causes of importance
92A
Valvular, normal delivery
Bronchial pneumonia
Aggravated heart condition

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) Rudolph C. Stuart, M. D.
(Address) 1375 S. Brent Ave

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.

WITH IMPACTING INK—THIS IS A PERMANENT RECORD

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