

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

32257

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. .... Registered No. **8311**  
 (c) City **St. Louis** (d) Street No. **JAMES HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Glenn Elvin Douglass**  
 (a) Residence, No. .... St. **NR Chester Illinois**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Severa Douglass**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 24 1899**

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
7	<b>37</b>	<b>8</b>	<b>8</b>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Unknown**  
 10. Date deceased last worked at this occupation (month and year) **Aug 1937** 11. Total time (years) spent in this occupation **15 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester Ill.**

FATHER  
 13. NAME **Everett Douglass**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester, Ill.**

MOTHER  
 15. MAIDEN NAME **Ollie Baggeman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester, Ill**

17. INFORMANT **Severa Douglass**  
(ADDRESS) **Chester, Ill.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Chester, Illinois** DATE **9-5 37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**  
(ADDRESS) **429 No. Euclid Ave.**

20. FILED **SEP 3 1937** **J. Bredeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-2 1937**

22. I HEREBY CERTIFY, That I attended deceased from **8-10 1937**, to **9-2 1937**

I last saw him alive on **9-2 1937** Death is said to have occurred on the date stated above, at **6:25 P.m.**

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

**Cardio Vascular Renal Disease**

Other contributory causes of importance: **121**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **no**

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? .....

If so, specify .....

(Signed) **Ray S. Williams**, M. D.

**JAMES HOSPITAL**

STATEMENT BY LICENSED EMBALMER

I, Robert H. Williams Licensed Embalmer No. 3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert H. Williams  
Licensed-Embalmer No. 3249

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)