1689 DEC 13 1937

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

9 791

39231
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. ..... 1003 Registered No. 10218
(b) Township ..... Primary Registration District No. .....
(c) City St. Louis, Mo. (d) Street No. ~~2131A. Randolph St.~~ Entrance Sta. #2 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 William Glenn
(a) Residence, No. 2131A. Randolph St. St. 22
(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 M.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fay Glenn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1882
7. AGE Years 54 Months 11 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Alabama

FATHER
13. NAME Wm. Glenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida

17. INFORMANT (ADDRESS) Delora McClint 2131a Randolph St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dicksons DATE Oct 3, 1937
19. FUNERAL DIRECTOR (ADDRESS) E. L. GARNER 2829 Washington Ave
20. FILED NOV 3 1937, 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No attending Physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 14 am m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
Other contributory causes of importance:
Arteriosclerosis
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 See above
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alfred J Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

2 3 2 2 4 3 2 3 7

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389.

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