

FEB 16 1938

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

Do not use this space.

4171

1. PLACE OF DEATH

County Saint Louis Registration District No. 96
 Township Camdelet Primary Registration District No. 150
 City Jefferson Barracks (No. Vet Hosp) St. _____ Ward _____

File No. _____
 Registered No. 150

2. FULL NAME

Levi GLENN

(a) Residence, No. 210 North 2nd Street St. _____ Ward. East Saint Louis, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____ mos. _____
 How long in U. S., if of foreign birth? yrs. _____ mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married (sepr.)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. LaVonda Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
 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) Meridan, Mississippi

13. NAME George Glenn

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

15. MAIDEN NAME Ella Vickers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Alabama

17. INFORMANT Clinical Clerk M. Schilling
 (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Jan 24 1938

19. UNDERTAKER J.H. RANGLES AND SONS UMD. CO.
 (ADDRESS) 3133 Ball St. Louis, Missouri

20. FILED 1-22 1938 R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937 to January 19, 1938.

I last saw him alive on January 19, 1938. Death is said to have occurred on the date stated above, at 9:05 P.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, generalized.

Other contributory causes of importance:
Myocardial insufficiency, congestive type of cardiac failure with mild hypertrophy. Hypertension, moderate; Chronic nephritis with retention of nitrogen. No edema.

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical exam. 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 not related

(Signed) C. N. HUGHES, Chief Med. Officer M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.

96

96

Vet Hosp

150

Unkn.

151

10

Arthur L. Hilliard

Lic-3389.