

REC'D MAR 24 1938

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

8114

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township _____ Primary Registration District No. _____ Registered No. 273
(c) City Kirkwood (d) Street No. 537 N. Clay Ave. 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 Albert C. Glenn U. S. D.

(a) Residence, No. 537 N. Clay Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Belle Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Post Office
9. Industry or business in which work was done, as saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year) retired for years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Unknown Glenn

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

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT H. C. Moon
(ADDRESS) 537 N. Clay Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 2-12 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED 2-10 1938 J. R. Meyer Local Registrar. (Address) 4523 S. Kingshighway

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-13-38, 1938, to 2-10-38, 1938.

I last saw him alive on 2-10-38, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Cerebral hemorrhage. 1/13/38
i. bilateral paralysis.

Date of onset

Other contributory causes of importance:

Name of operation none 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? no
If so, specify _____ (Signed) O. C. Ober M. D.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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 *Reinhold K. Lohman*

Licensed Embalmer No. 3395

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.)