

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

23289
Do not use this space.

1. PLACE OF DEATH

REC'D AUG 12 1938

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **BARNES 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. **2** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **Obed Glover** 416 St. **NR BENTON, 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nil		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1919		
7. AGE YEARS 19	MONTHS 4	DAYS 24
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Highschool	
	9. Industry or business in which work was done, as saw mill, bank, etc. Student	
	10. Date deceased last worked at this occupation (month and year) Dec. 1937	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Illinois		
FATHER	13. NAME H Ezekiah Glover	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Illinois	
MOTHER	15. MAIDEN NAME Allie Williams	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Illinois	
17. INFORMANT H Ezekiah Glover (ADDRESS) Benton, Illinois		
18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Illinois DATE July 6, 1938		
19. FUNERAL DIRECTOR (NAME) Albert E. Hoppe Inc. (ADDRESS) 429 N. Euclid Ave.		
20. FILED JUL 4 1938 J. F. Budisch Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-3-1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1938** to **July 3, 1938**
 I last saw him alive on **July 3, 1938**. Death is said to have occurred on the date stated above, at **4:50 A.M.**
 The principal cause of death and related causes of importance were as follows:
Distonia Muscularum
Brain Abscess? Cause?
unknown
Acute infectious chorea?

Date of onset **Jan. 1938**

Other contributory causes of importance: **78**

Name of operation **none** Date of **_____**
 What test confirmed diagnosis? **none** 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) **Edward Masnie** M. D.
 (Address) **BARNES HOSPITAL**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice, No., working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.