

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

23540

Do not use this space.

791
1003

6234

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis Mo (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1314 Sullivan Ave. St. 26 (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**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 12 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie Glenn,**

22. I HEREBY CERTIFY, That I attended deceased from 7 - 11 - 1938 to 7 - 12 - 38

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1908

I last saw him alive on 7 - 12 - 1938. Death is said to have occurred on the date stated above, at 5:30 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 0 5

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk,**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Leidner Und. Co.**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

acute pericarditis (acute myocardial infarction) Septicemia anterior mediastinitis fibrotic acute pericarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

Other contributory causes of importance:
1158

13. NAME **John Glenn**

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

What test confirmed diagnosis?..... Was there an autopsy? yes

15. MAIDEN NAME **Not known**

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Mrs. Carrie Glenn, 1314 Sullivan Ave,**

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions Cem,** DATE **July 15 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Leidner Und. Co. 1417 N. Market Street.**

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) J. B. Bredich, M. D. (Address) **BARNES HOSPITAL.**

20. FILED JUL 12 1938 J. B. Bredich Local Registrar.

N. B.—Every item of information bearing 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.....

John P. Buchholz

Licensed Embalmer No. *1674*

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.