

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Mo
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHRISTIAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community
years, months or days 11 1/28. (a) PRINT FULL NAME ULYSSIS GRANT GLOVER8. (b) If veteran,
name war _____8. (c) Social Security
No. 598-10-62324. Sex MALE
5. Color or
race WHITE6. (a) Single, widowed, married,
divorced WIDOWER6. (b) Name of husband or wife
THERESA L. GLOVER6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased JUNE
(Month) 30 (Day) 1865 (Year)8. AGE: Years 74 Months 6 Days 13
If less than one day
hr. _____ min. _____9. Birthplace KY.
(City, town, or county) (State or foreign country)10. Usual occupation FOREMAN11. Industry or business BROWN SHOE CO.12. Name Unknown GLOVER13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)14. Maiden name ELIZABETH M. KUNZ
(City, town, or county) (State or foreign country)15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. R. C. Eck(b) Address 5343 BARTMER ST.17. (a) BURIAL (b) Date thereof JAN 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director L. M. Mullin(b) Address 5765 DELMAR BLVD.19. (a) JAN 15 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town ST LOUIS 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5343 BARTMER ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 13
year 1940 hour 5:10 minute _____ A. M.21. I hereby certify that I attended the deceased from Jan
11th, 1940, to Jan 13, 1940;that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Intestinal
obstruction due to
carcinoma of intestine

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Peter Nech, Jr. M.D. (M. D. or other) _____Address 4701 St Louis Ave Date signed 1-14-40

Duration

Obstruction4 daysQualitativevariableto days

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....
Howard J. Rowland.

Licensed Embalmer No. *3114*

P. O. Address.....
St Louis Mo

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.