

Registration District No. 791

Primary Registration District No. 1003

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17  
9  
41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital U  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two months (Specify whether years, months or days)

**3. (a) PRINT FULL NAMES:** Glennice Gifford Marble

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5 1851  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>90</u>	<u>1</u>	<u>16</u>	hr. _____ min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation None 1866

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Unknown 9 18

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Norman Furubrough

(b) Address 9015 North Ave. Overland mo

17. (a) Burial (b) Date thereof 5/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington St.

19. (a) MAY 22 1941 (b) T. B. Bedeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 1317  
(If outside city or town limits, write "RURAL")

(d) Street No. 5300 Arsenial St. 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A. Physician years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21st  
year 1941 - hour 11:05 minute 4 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ ; that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

Immediate cause of death: Diffuse Suppurative Nephritis, Congestive Myocarditis, Contralateral fracture of right femur, Atherosclerosis Chronic Myocardial Fibrosis

Other conditions (include frequency within 3 months of death): Slipped when Deceased fell while attempting to Reinstall a Rocking Chair at the City Infirmary on 5/22/41

Of autopsy \_\_\_\_\_

Underline which disease to which death should be charged statistically.

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

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

(b) Date of occurrence 5/25/41

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of Injury \_\_\_\_\_

23. Signature Thomas J. Callahan (M. D. or other) 3

Address Deputy Coroner Date signed 5/22/41

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**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 Ketter*

Licensed Embalmer No.

3880

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.