

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29868

FILED OCT 18 1941

1003

Registrar's No. 7207

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days (Specify whether  
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Robert Glispy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cal 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 7 - 15 - 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ h \_\_\_\_\_ min.

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name Geo Glispy  
13. Birthplace not known (City, town, or county) So (State or foreign country)  
14. Maiden name None  
15. Birthplace not known (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Stella Lewis  
(b) Address 2617 Cole St

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9-5-41 (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. B. Anderson  
(b) Address 2625 Glasgow

19. (a) SEP 5 1941 (Date received local registrar) (b) J. B. Anderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 11  
(d) Street No. 2612 Cole (If rural, give location) F  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1941 hour 11:55 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from August 15 41 to August 31 41  
that I last saw him alive on August 31 41  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Chr Glomerular Nephritis Unk

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause 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) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury 0  
23. Signature J. W. Johnson (M. D. or other) 0  
Address 2601 N Whittier Date signed 9-2-41

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

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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 *A. P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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, fact should be so stated above.**