S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4374

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1969

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5960a Theodosia
(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)
En Route City Hosp #1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5960a Theodosia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
(Specify country)
No Attending Physician

3. (a) PRINT FULL NAME GEORGE GLOVER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia L.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 5 (Day) 1878 (Year)

8. AGE: Years 64 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Cedarville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Barber
11. Industry or business Self
FATHER
12. Name Clinton Glover
13. Birthplace Cedarville (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Julia L. Glover
(b) Address 5960a Theodosia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 5 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Cullen - Kelly
(b) Address 7267 Natural Bridge
19. (a) MAR 5 - 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1942 hour 12 minute 25 P.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 Coronary Left Occlusion
Fatty Infiltration of heart - Fever
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? Means of injury

23. Signature Alfred Gerry (M. D. or other)
Address Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.