

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19610**
 Registrar's No. **5564**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution **1629 Cole St. 1**
 (d) Length of stay: In hospital or institution **210**
 In this community **8 mo** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **no**
 (c) City or town **St. Louis**
 (d) Street No. **1629 Cole St.**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

3. (a) PRINT FULL NAME **Elijah Glenn**
 (b) If veteran **no** name war **no**
 (c) Social Security No. **489-18-9579**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **15th**
 year **1943** hour **5** minute **15 A** M.

4. Sex **Male** 5. Color or race **Col.**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Mable Chen**
 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased **July 8 1909**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Acute Parenchymatous Nephritis**
 Duration _____

8. AGE: Years **33** Months **11** Days **9**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to **120**

9. Birthplace **Portland Ark.**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Michin Alex**

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business **Small Army Plant**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

MOTHER FATHER
 12. Name **Louis Glenn**
 13. Birthplace **Unknown**
 14. Maiden name **Carrie Morgan**
 15. Birthplace **Unknown**

Where did injury occur? _____ (City or town) (County) (State)
 (a) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Mabel Glenn**
 (b) Address **1629 Cole St.**

While at work _____ (Specify type of place)
 (c) Months of injury **3**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 19, 1943**
 (c) Place: burial or cremation **Father Die Kson**

23. Signature **Alfred J. Perry** (M. D. or other)
 Address _____ Date signed **6/18/43**

18. (a) Signature of funeral director **J. T. Braden**
 (b) Address **3847 Page St.**

19. (a) **JUN 13 1943** (Data received local health officer)
 (b) **J. T. Braden** (Registrar's signature)

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

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FILED JUN 25 1943

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 MO
June 13-43 at 5847 Page Registered Apprentice No. _____
working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2482

P. O. Address 5847 Page Park

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.