

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH *St Charles*
 (a) County *St Charles*
 (b) City or town *St Charles*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Josephs Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. *1 day*
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME *Charles Glenn*
 3. (b) If veteran, name war *None* 3. (c) Social Security No. *None*

4. Sex *Male* 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 *March 25 1872*
(Month) (Day) (Year)

8. AGE: Years *71* Months *4* Days *13* If less than one day _____ hr. _____ min.

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

10. Usual occupation *Yard man*

11. Industry or business _____

12. Name *James Glenn*

13. Birthplace *New York*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Hudson*

15. Birthplace *Illinois*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs G Wise*

(b) Address _____

17. (a) *Burial* (b) Date thereof *Aug 11 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oak Grove Cemetery*

18. (a) Signature of funeral director *Halkmann*

(b) Address *St Charles MO*

19. (a) *Aug 11 1943* (b) *Emmet L. Paul*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *St Louis*
 (c) City or town *Pattonville*
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? *NO* (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *8th*
 year *1943*, hour *11* minute *45* *A.M.*

21. I hereby certify that I attended the deceased from *Coroners Logquest*, 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death *Hemorrhage of Brain*

Due to *Fracture of base of skull* *14 hrs.*

Due to _____

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

Major findings: *NO*
 Of operations _____

Of autopsy *NO*

22. If death was due to external causes, fill in the following: *(accident?)*

(a) Accident, suicide, or homicide (specify) *open verdict*

(b) Date of occurrence *Aug 7th 1943*

(c) Where did injury occur? *Pattonville Mo.*

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway #40

While at work? *NO* (Specify type of place) *Pedestrian struck by automobile*

(e) Means of injury _____

23. Signature *J P Enrich Schuch* (M.D. or other)

Address *St Charles MO* Date signed *8/11/43*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Arthur C. Bane*

Licensed Embalmer No. *3144*

P. O. Address *St Charles 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, fact should be so stated above.