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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 348

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 517

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 944

(a) State Illinois (b) County Macon 11

(c) City or town Decatur 0
(If outside city or town limits, write "RURAL")

(d) Street No. 164 N. Woodlawn Ave. N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Arthur Jay Glynn

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sylvia Glynn

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 5 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	12	hr. min.

9. Birthplace Lawrence (City, town, or county) Mass. 1 (State or foreign country)

10. Usual occupation Executive

11. Industry or business

FATHER
12. Name Arthur J. Glynn, Sr.
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ralph J. Glynn

(b) Address 164 N. Woodlawn, Decatur, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 19 1944 (Date received local registrar) (b) J. F. Bidesk (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1944 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from December 24, 1943, to January 17th, 1944
that I last saw him alive on January 17th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirms clinical diagnosis

Duration

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? (e) Means of injury

23. Signature M. C. Abney 0 (M. D. ~~or other~~)

Address Barnes Hospital Date signed 1/17/44

(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. Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.