

No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 19 1946**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **38229**  
Registrar's No. **3296**

Registration District No. **317** Primary Registration District No. **6076**

**1. PLACE OF DEATH:** **St. Louis**  
 (a) County **Jennings**  
 (b) City or town **Jennings**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5337 College Ave. /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Edith E. Glandon**  
**3. (b) If veteran, name war** **Nil**  
**3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced, or widower** **Widow**  
**6. (b) Name of husband or wife** **John E. Glandon**  
**6. (c) Age of husband or wife if alive** **15** years  
**7. Birth date of deceased** **September 15 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	28	hr. min.

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

**10. Usual occupation** **Housewife**

**11. Industry or business**  
**12. Name** **Thomas Stouall**  
**13. Birthplace** **Unknown Tennessee /**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Nancy Erkerson**  
**15. Birthplace** **Unknown Missouri /**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **George Glandon**  
**(b) Address** **4138 Flad Ave.**

**17. (a) Burial** **(b) Date thereof** **11-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Owensville, Missouri**

**18. (a) Signature of funeral director** **Albert H. Hoppe**  
**(b) Address** **4700 Washington Blvd.**

**19. (a) 11-16-46** **(b) Ruth J. Allen**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis** **96**  
 (c) City or town **Jennings**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5337 College Ave.** **0**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov.** day **11**  
 year **1946** hour **6:25** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **Oct 28 1946**  
 to **Nov 11 1946**  
 that I last saw her alive on **Nov 11 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Myocarditis**  
**Due to** **Right upper lobe pneumonia**  
**Due to** **Chronic**  
 Other conditions.....  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 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?

**23. Signature** **W. J. Allen**  
(Specify type of place) (M.D. or other)  
**Address** **6704 W. Florissant** **Date signed** **Nov 17 1946**

(Licensed Embalmer's Statement on Reverse Side)

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

37044

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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 Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**