

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1949

State File No. **38748**  
**10362**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>015</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Enroute to Homer Phillips Hos</b>		d. STREET ADDRESS (If rural, give location) <b>11-4670 Easton Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Steve</b> b. (Middle) c. (Last) <b>Glass</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 25 49</b>
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>8-26-1900</b>
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	11. BIRTHPLACE (State or foreign country) <b>Kerns, Texas 1</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Verna Glass Leathers</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Oedema (mechanical)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Contrib: Congestive Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>950</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H3111</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>150 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Catrick Taylor, Coroner 3</b>		23b. ADDRESS <b>1300. Clark</b>	23c. DATE SIGNED <b>12.4.49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-2-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>DEC 1 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Casater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, 2820 Stoddard</b>	

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Lutten E. Culkin

Signed.....  
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address S. Dennis 137

**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.