S. No. 300
V. 10.48

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19858

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 94

036

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Merrimac Twp.
d. STREET ADDRESS (If rural, give location): Robertsville 0360

3. NAME OF DECEASED (Type or Print)
a. (First): Harry (HARRY)
b. (Middle): Glass Sr. ~~Gloss~~ (Gloss)
c. (Last):

4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ~~Unknown~~ 1889 November 15 ~~1889~~
9. AGE (In years last birthday): 60 ~~65~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Covington, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: HARRY GLASS JR. ~~Harry Glass Jr.~~ ADDRESS: 4117 Washington Ave St. Louis, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Probable gastric carcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

151X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/23, 1950, *to* 6/24, 1950, *that I last saw the deceased alive on* 6/24, 1950 *and that death occurred at* 11:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pacific Mo
23c. DATE SIGNED: 6/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: June 28, 1950
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: June 26, 1950
REGISTRAR'S SIGNATURE: [signature] 99 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. B. Koonce Mortuary Inc., St. Louis, Mo. By Nieburg & Vitt, Inc. Washington, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 1 1950
District Health Officer No. 9,
District File Number.....

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.....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Lester H. Vitt
Licensed Embalmer No. 3254
P. O. Address Washington, 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.

State of Missouri } ss.
County of

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 19858
Local Registrar's No. 94

On this 14th day of July, 1950, before me appears Harry Glass, Jr., who, upon his oath, states that the original record of ~~birth~~ death for Harry Glass, Sr., ~~born~~ died June 24 1950, in the State of Missouri, and which was filed at Jefferson City, Mo. on July 7, 1950, should be corrected as follows:

Item No. 3 should read Harry Glass, Sr.
Instead of Harry Gloss

Item No. 8 should read November 15, 1889
Instead of unknown, 1885?

Item No. 9 should read 60
Instead of 65

Item No. 17 should read Harry Glass, Jr.
Instead of Harry Gloss, Jr.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harry Glass — Son (Relationship.)

2817 Gamble Street
Present Address.

Subscribed and sworn to before me this 14th day of July, 1950.

My Commission expires May 17, 1954 — Virginia L. Krouse, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
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