

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31667

BIRTH NO. 43240-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8187

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St Louis, Mo.

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Children's Hosp.

d. STREET ADDRESS (If rural, give location) 2919 Lemps

3. NAME OF DECEASED
a. (First) Jay
b. (Middle) Dee
c. (Last) GLORE

4. DATE OF DEATH (Month) (Day) (Year)
9 28 50

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant

8. DATE OF BIRTH 6-28-50

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Leadwood Mo.

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Howard J. Glorie

13b. MOTHER'S MAIDEN NAME Ruby Coffman

14. NAME OF HUSBAND OR WIFE nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. one

17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Coan 500 S. Kingshighway

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease (Transposition of Great Vessels.)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 mo

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 757.4

22. I hereby certify that I attended the deceased from 9-27-50, 1950, to 9-28, 1950, that I last saw the deceased alive on 9-28, 1950, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don L. Shursten M.D.

23b. ADDRESS Childrens Hospital

23c. DATE SIGNED 9/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 9/28/1950

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Leadwood Missouri

DATE REC'D BY LOCAL REG. SEP 28 1950 REGISTRARS SIGNATURE J. B. Lester

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.