

FILED NOV. 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39042

BIRTH NO. 39620-51 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 9835

18610

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

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		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homea Phillips Hosp		2 STREET ADDRESS (If rural, give location) 2333 Rutger	
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) DERRICK c. (Last) GLOVER		4. DATE OF DEATH (Month) (Day) (Year) 11 2 51	
5. SEX M 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) None	8. DATE OF BIRTH June 2, 1951
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 5	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MURRY Glover		13b. MOTHER'S MAIDEN NAME EXIE HUNTER	
14. NAME OF HUSBAND OR WIFE NONE			
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME MR EXIE GLOVER		ADDRESS 2333 Rutger	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd + 3rd degree burns of 50% of body suffered Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when deceased was scalded while playing in his home II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at 2333 Rutger St., an	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Nov 1st 1951 Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Nov 1 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		69170	
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 7:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/7/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 7, 1951	
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county) (State) St. Louis County, MO	
DATE REC'D BY LOCAL REG. NOV 7 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 4383 Delmar	

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

*Arthur L. Hilliard*

Signed .....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4740 a Cupple*

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.