

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29495

State File No. _____

FILED SEP 8 - 1952

318

1003

8168

BIRTH NO. 71860 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>22</u> (if admission)	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>St. Louis</u> <u>3</u>)	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Firmin Desloge Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>23</u> <u>1839 S. 12th St.</u>	
3. NAME OF DECEASED a. (First) <u>DELORES MAE GLASS</u> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 17, 1951</u>
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>10</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Roy Glass</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna Beaty</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or other service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Glass, 1839 S. 12th St., St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>HEPATITIS</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>HEPATITIS</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____ <u>HEPATITIS</u>	
b. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause first.		DUE TO (b) <u>DIPHTHERIA</u>	
c. OTHER SIGNIFICANT CONDITIONS Symptoms were leading to the death but not related to the disease or condition causing death.		DUE TO (c) _____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5710</u>

22. I hereby certify that I attended the deceased from Aug 22, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 11:52 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Nash</u>	(Degree or title) <u>D.O. 21829 S. 18th St</u>	23b. ADDRESS	23c. DATE SIGNED <u>8/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE REC'D BY LOCAL REG. <u>AUG 29 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, 2301 Lafayette</u>	ADDRESS <u>St. Louis, Mo.</u>
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788 (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.