No. 300
10.48

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29497

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7863

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 2033 Division Street

3. NAME OF DECEASED (Type or Print)
a. (First) Joe
b. (Middle)
c. (Last) Glenn

4. DATE OF DEATH (Month) (Day) (Year) August 16, 1952

5. SEX Negro 2
6. COLOR OR RACE Male
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH March 10, 1895
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Macon, Miss. 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unkown
13b. MOTHER'S MAIDEN NAME Unkown
14. NAME OF HUSBAND OR WIFE Katie Glenn 2033 Division

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.
17. INFORMANT'S SIGNATURE OR NAME Ray Walker 2033 Division — ADDRESS

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Degenerative Heart Disease — "
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 ☐ 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? 4343

22. *I hereby certify that I attended the deceased from* July 8, 1952, *to* Aug. 16, 1952, *that I last saw the deceased alive on* Aug. 16, 1952, *and that death occurred at* 8:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Edna C. Brooks, (Degree or title) M.D. 0
23b. ADDRESS 2601 N. Whittier Street
23c. DATE SIGNED August 18, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE 8-22-52
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
24d. LOCATION (City, town, or county) LeMay, (State) Mo.

DATE REC'D BY LOCAL REG. AUG 19 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE E. Roance N. Grand — ADDRESS

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Clarence Groomes

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.