

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44838**
11997
Registrar's No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 30 DAYS		d. STREET ADDRESS (If rural, give location) 4511 a Minnesota ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		15	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) H. c. (Last) Glass		4. DATE OF DEATH (Month) (Day) (Year) December 27, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1906
9. AGE (In years last birthday) 46		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Rapps Market	11. BIRTHPLACE (City and State or Foreign Country) Chester, Illinois
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Peter J. Glass	
13b. MOTHER'S MAIDEN NAME Lottie Carman		14. NAME OF HUSBAND OR WIFE Mathilda	
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. 345-03-6285	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mathilda Glass		ADDRESS 4511 a Minnesota ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Lung 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 13 mos.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 12-11-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Lung - Inoperable - passes into Spinal Cord.	
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? 163X	
22. I hereby certify that I attended the deceased from 10-26-51 , 19__, to 12-27-52 , 19__, that I last saw the deceased alive on 12-27-52 , 19__, and that death occurred at 4:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 7430 Virginia St. Louis 11, Mo.	
23c. DATE SIGNED 12-29-52		24a. BURIAL CREMATION REMOVAL (Specify) Removal	
24b. DATE Dec. 30, 1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) Watson & McKenzie Road		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	
DATE REC'D BY LOCAL REG. DEC 29 1952		ADDRESS U. & L. Co. 7814 S. Broadway	

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

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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 *James C. Hoffmann*

Licensed Embalmer No. 3891

P. O. Address 7814 S. Broadway

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.