

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23596

State File No.

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

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6143 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>17 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>320 South 20th Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>320 South 20th Street</u>	
3. NAME OF DECEASED (Type or Print): a. (First) <u>GEORGE</u> b. (Middle) <u>(None)</u> c. (Last) <u>GLASS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>2 COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>August 21, 1907</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Brooksville, Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Glass</u>	
13b. MOTHER'S MAIDEN NAME <u>Bettie Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Lady B. Glass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>310-50-2054</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lady B. Glass</u>		ADDRESS <u>320 S. 20th Street East St. Louis, Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, Inquest</u> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>deemed unnecessary</u> 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 <u>331x</u>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Musgrove (Dover)</u>		23b. ADDRESS <u>Beckel, Mo</u>	
23c. DATE SIGNED <u>6/27/53</u>		24a. RIDER KIX & BECKEL TISSON, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>29 June 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>----</u>	
24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Hayes</u>	
DATE REC'D BY LOCAL REG. <u>July 1-53</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	
419		ADDRESS <u>Shelbina, Missouri</u>	

JUL 6 1953

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.

Signed _____

Paul E Hayes

Signed _____
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Shelburne, Mo

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

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