

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7090

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5240 Alcott</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glennon</u> b. (Middle) <u>J.</u> c. (Last) <u>La Barge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 20 1937</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Granville La Barge</u>		13b. MOTHER'S MAIDEN NAME <u>Lucile Belfiglio</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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>   <u>No</u>		16. SOCIAL SECURITY NO. <u>494-36-0143</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Granville La Barge 5240 Alcott</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION FROM head injuries with fracture of skull and brain damage suffered while he was ANTECEDENT CAUSES a passenger in a Ford coach being operated north on Hgwy 67 by James Sharp, 4754 Beacon St. Louis, which collided with a car being operated by Harry Moll, 4405 Bingham, St. Louis, whose car was waiting to make a left hand turn into Berwyn Dr. Deceased was thrown from car and apparently instantly killed. Body removed to County Hospital for examination.				INTERVAL BETWEEN DEATH AND EXAMINATION <u>5</u> HOURS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)				
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>James Sharp Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural 8164 St. Louis Mo.</u>		
21d. TIME OF INJURY <u>Feb. 1, 1954 11:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>thrown from car which BLUNT IMPACT collided with another</u>		

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 <u>Ernest J. Hillman</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>2-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-2-54</u>	REGISTRAR'S SIGNATURE <u>Robert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Collins Funeral Home 10133 St. Charles</u>	

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.