

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

 State File No. **2564**
 Registrar's No. **0693**
No. 300
10.48
 BIRTH NO. **81567-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY [REDACTED]		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 76 Vandeventer Place	
3. NAME OF DECEASED (Type or Print) a. (First) Truitt b. (Middle) Alan c. (Last) Glasper		4. DATE OF DEATH (Month) (Day) (Year) 1 - 21 - 55	
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 0	8. DATE OF BIRTH 10-20-1954
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Glasper	
13b. MOTHER'S MAIDEN NAME Flora Lambert		14. NAME OF HUSBAND OR WIFE [REDACTED]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME H. Brown ADDRESS 500 S. Kings Highway

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) slight RUL pneumonia INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) upper respiratory infection DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. contact dermatitis hypocalcemic tetany	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 491X	

22. I hereby certify that I attended the deceased from **1-9-1955** to **1-21-1955**, that I last saw the deceased alive on **1-21-1955**, and that death occurred at **12:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Carver Hospital	
23c. DATE SIGNED JAN 24 1955			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Jan 25, 1955	
24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE RECD BY LOCAL REG. JAN 24 1955		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 1221 N. Grand	

(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.....
Signature of Student Embalmer

Signed.....
Georton Swan

Licensed Embalmer No. 458

P. O. Address 1321² Ave

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.