

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. **6509**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1721**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Belleville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL			e. STREET ADDRESS (If rural, give location) 1215 State Street Road		
3. NAME OF DECEASED (Type or Print) SIDNEY			a. (First)	b. (Middle)	c. (Last) GLOSSOP
4. DATE OF DEATH 2-13-56	5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-22-1892	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? unknown	
13a. FATHER'S NAME James Glossop		13b. MOTHER'S MAIDEN NAME Saline Bellamy		14. NAME OF HUSBAND OR WIFE Mathilda Glossop	
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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Glossop, Belleville, Ill.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple arthritis DUE TO (c) Carcinoma of Stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 12/19/55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach			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)	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 12-16-55 , 19___ to 2/13/56 , 19___, that I last saw the deceased alive on 2-13-56 , 19___, and that death occurred at 2:55 AM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>J. Earl Smith M.D.</i>			23b. ADDRESS 4930 Lindell Blvd. St. Louis, Mo.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-14-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Belleville, Ill.		
DATE REC'D BY LOCAL REG. FEB 17 1956	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaerdner, Belleville, Ill.		

3.P. (Licensed Embalmer's Statement on Reverse Side)

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

1918

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 *Ben G. [unclear]*

Licensed Embalmer No.

P. O. Address *[unclear]*

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.