.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11901

State File No.

FILED MAR 22 1956

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 600 Registrar's No. 580

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirk
c. LENGTH OF STAY (in this place) 6 yrs 9 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY [redacted]
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 5319 Cote Brilliante 206 1/

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Jane c. (Last) Glover

4. DATE OF DEATH (Month) Feb (Day) 29 (Year) 1956

5. SEX F 1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 6-23-1872
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) Tompkinsville Kentucky 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Scott Rae
13b. MOTHER'S MAIDEN NAME Louise Bridges
14. NAME OF HUSBAND OR WIFE Edward Glover

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. 492-30-0346
17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Cigno, **ADDRESS** 8904 Bekay, (21)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 9 years

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.* Hypertensive cardiovascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1949, *to* Feb 29, 1956, *that I last saw the deceased alive on* Feb 29, 1956, *and that death occurred at* 11:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Bernard Friedman (Degree or title) M.D.
23b. ADDRESS Robert Koch Hospital Koch, Mo.
23c. DATE SIGNED 2-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-1-1956
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 2-29-56
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN F.H., INC. **ADDRESS** 2301 Lafayette

(Licensed Embalmer — See Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.