

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2739

FILED JAN 25 1957

1003 FILE NUMBER 106

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY-OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3416 Caroline St.		Length of stay in lb 41 yrs.		d. STREET ADDRESS (If outside, give location) 3416 Caroline St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PAULINE Middle CLARICE Last GLYNN				4. DATE OF DEATH Month January Day 3 Year 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1915		9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred E. Earni				14. MOTHER'S MAIDEN NAME Emma C. Felgner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) no		16. SOCIAL SECURITY NO. 490-05-1786		17. INFORMANT Address Mrs. Emma Erni, 3416 Caroline Street			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis; incarcerated and gangrenous right femoral hernia, following injuries suffered in collision between car operated by Mary Ellen Stittsburg, in which deceased was a passenger, and car operated by Paul Gage Addison, St inter-section of 18th & St Charles Street about 11:30 pm, December 3rd, 1956 E816.4 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN (a), (b), and (c). None							
INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) Intersection of 18th & St Charles Street about 11:30 pm, December 3rd, 1956 E816.4					
20c. TIME OF INJURY Hour 11:30 Month 12 Day 3 Year 1956		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 18th & ST. CHARLES. 21		20f. CITY, TOWN, OR LOCATION 26	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) Joseph M. Zwick Deputy Coroner			
22a. SIGNATURE		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1/7/57			
23a. BURIAL, CREMATION, RECOVERY, (Specify) removal		23b. DATE Jan. 7, 1957		23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave				25. DATE RECD. BY LOCAL REG. JAN 5 1957		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

CORONER

APR 2 1957

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 _____
Licensed Embalmer No. _____

P. O. Address _____

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.