

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6218

FILED FEB 25 1957

STATE FILE NUMBER  
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 132

Health, Welfare and Public Service  
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-56  
Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4163 WEST PINE</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>199 4166 LINDELL</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT M. GLENN</u>			4. DATE OF DEATH Month Day Year <u>JAN. 4 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 5 1919</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Day Hours Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>THEORETICAL NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13. FATHER'S NAME <u>ROBERT GLENN</u>			14. MOTHER'S MAIDEN NAME <u>RHONDA BELKNAP</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES NAVY - WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>488-16-8729</u>		17. INFORMANT Address <u>RHONDA NIMERICK 4166 LINDELL</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural Hemorrhage;</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <u>23</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9360</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACROSS SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED (Under nature of injury in Part I, Box 11, Item 18) <u>Verdict returned when deceased was found in his room at 4149 West Pine Blvd., on Jan. 4, 1957. Cause + Manner of same could not be determined.</u>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <u>11:55 A.M. Jan. 4, 1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis MO 000</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:55 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John M. Turner</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>1/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>JAN. 7 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BOONE TERRE MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kuts 2906 Lewis</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 7 1957</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

(Licensed Embalmer's 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 embalmed by me, or by .....; Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Geo J Budd*

Licensed Embalmer No. *79*

P. O. Address *St. Louis*

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.