

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46572
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2989

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Pagedale <u>4289</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County Hosp.		Length of stay in lb D.O.A.	
d. STREET ADDRESS 7474 St. Charles		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. Rock Rd.			
3. NAME OF DECEASED (Type or print) Joseph		4. DATE OF DEATH Month 11 Day 26 Year 57	
First Joseph Middle Glover Last Glover			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1896
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Ret.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Concrete	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Glover		14. MOTHER'S MAIDEN NAME Julia Edwards	
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. NONE 496-30-5001	
17. INFORMANT Mrs. Clara Glover, 7474 St. Charles		Address Rock Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis & dropsy.			
DUE TO (c) 592X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept 1 57 , to Nov 26 57 and last saw her alive on Nov 26 57 Death occurred at 8:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. G. Schmuckes M.D.		22b. ADDRESS 9863 Tudor ave	22c. DATE SIGNED 11-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/30/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
23d. LOCATION (City, town, or county) St. Louis County		23e. (State) Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral		25. DATE RECD. BY LOCAL REG. 11-27-57	26. REGISTRAR'S SIGNATURE Herbert D. Domb MD
ADDRESS 1905 Union			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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asc

Dr. N. A. Schumacher
8863 Tudor Ave.
Overland

Hrs. 9 - 11 2 - 4
Wed. & Fri.

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 *Warren A. Carver*.....

Licensed Embalmer No. 35.....

P. O. Address.....

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.