

STANDARD CERTIFICATE OF DEATH

46573
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3099

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>St. Louis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clayton</i>		c. CITY OR TOWN <i>Bridgeton, Mo.</i>		d. STREET ADDRESS (If outside, give location) <i>St. John Street</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>County Hosp</i>		Length of stay in 1b <i>6 days</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Louise Glover</i>				4. DATE OF DEATH <i>12-7-57</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Col.</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Dec 10, 1900</i>	
9. AGE (In years last birthday) <i>56</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		11. BIRTHPLACE (City and state or country) <i>Union, Mo.</i>	
10c. FATHER'S NAME <i>Sylvester Bryant</i>		10d. MOTHER'S MAIDEN NAME <i>Carrie Whittington</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		14. SOCIAL SECURITY NO. <i>NONE</i>		15. INFORMANT (Name and address) <i>Virginia Glover 5847 Ridge Ave.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemopericardium</i> DUE TO (b) <i>Rupture of Thoracic Aorta</i> DUE TO (c) <i>Hypertensive Cardiovascular Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>451X</i>						INTERVAL BETWEEN ONSET AND DEATH	
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 <i>5:30</i> Month, Day, Year							
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 <i>12-2-57</i> to <i>12-7-57</i> and last saw her ^{her} _{person} alive on <i>12-7-57</i> Death occurred at <i>5:30 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ussie M. Page M.D.</i>				22b. ADDRESS <i>601 So. Brentwood</i>		22c. DATE SIGNED <i>12-7-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>12/10/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>5500 Brown Rd - St. Louis, Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Geo. H. Bruce 4469 Washington</i>				25. DATE RECD. BY LOCAL REG. <i>12-9-57</i>		26. REGISTRAR'S SIGNATURE <i>Herbert B. Donahue</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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.

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 *Frederick P. Stark*

Licensed Embalmer No. *459*

P. O. Address *Sh. Lou*

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