

2954

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1060

|   |                               |   |   |   |   |
|---|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>St. Louis</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>   |                               | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br><u>417 C 4177 Fairfax</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>John</u> Middle <u>D</u> Last <u>Glass</u>  |                               |   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>26</u> Year <u>58</u>   |   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 25, 1901</u>  |   | 9. AGE (In years last birthday)<br><u>56</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Truck Carrier</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Batonville, La.</u>      |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>US S. A.</u>   |                               |   | 13a. FATHER'S NAME<br><u>John Glass</u>   |   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Viola?</u>  |                               |   | 14. NAME OF HUSBAND OR WIFE<br><u>Freddie Glass</u>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give date of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |   | 17. INFORMANT<br>Address<br><u>Freddie Glass 4117 Fairfax</u>             |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bilateral Lobar Pneumonia</u>   |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Lung abscess</u>  |                               |   |   |   | <u>under</u>  |
| DUE TO (c)  |                               |   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>490x</u>  |                               |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                               |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <u>1-16-58</u> to <u>1-26-58</u> and last saw <u>him</u> alive on <u>1-26-58</u><br>Death occurred at <u>6:10</u> P on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>D. H. Wood, M.D.</u>   |                               |   | 22b. ADDRESS<br><u>2601 Whittier Street</u>   |   | 22c. DATE SIGNED<br><u>1-27-58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 23b. DATE<br><u>1/31/58</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u>              |   |
|   |                               |   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Berkley, Missouri</u> |   |
| 24. FUNERAL DIRECTOR<br><u>E. P. France 1221 N. Grand</u>   |                               |   | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 28 '58</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>J. C. Smith MD</u><br><u>m JB</u>                                 |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death. All diseases in Part I must be causally related.

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. 4755  
P. O. Address 1221 N. 1st

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.