

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023775
Stat. File No.

FILED JUL 14 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6532

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, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7049 Lindenwood		e. STREET ADDRESS (If rural, give location) 7049 Lindenwood	
3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) GLENN c. (Last) SPRINGS		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1958	
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1897
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 3 Days 1	IF UNDER 2 wks. Hours 1 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Crittenden, Ky.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Charlotte Springs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 406-52-1364	
17. INFORMANT'S SIGNATURE OR NAME Charlotte Springs		ADDRESS 7049 Lindenwood, St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis a few hours ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/24 , 19 57 , to 6/30 , 19 58 that I last saw the deceased alive on April 27, 1958 , and that death occurred at 5:15 m., from the causes and on the date stated above.			
23a. SIGNATURE Dee Luten MD		23b. ADDRESS 3730 Washington St. St. Louis	
23c. DATE SIGNED 6/30/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 1, 1958	
24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery		24d. LOCATION (City, town, or county) (State) Marion, Ky.	
DATE REC'D BY LOCAL REG. JUN 30 1958		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE H. Popp		ADDRESS Marion, Ky.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 4512
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.