Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031352
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2349

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bel Nor-Normandy — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3029 Arlmont Dr. — Length of stay in 1b: 12-yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Bel Nor-Normandy 480 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3029 Arlmont Drive — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: M. Last: Glynn Sr.
4. DATE OF DEATH: Month Sept. Day 11 Year 1958

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 26, 1878
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Mgr. Teco Fully
10b. KIND OF BUSINESS OR INDUSTRY: & Belt Co.
11. BIRTHPLACE (City and state or country): St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Michael Glynn
13b. MOTHER'S MAIDEN NAME: Nan Connors
14. NAME OF HUSBAND OR WIFE: Mrs. Rose Glynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-01-3640
17. INFORMANT: Mrs. Rose Glynn, Address: 3029 Arlmont Dr. Bel Nor Normandy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchio-pneumonia - Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiac Disease
DUE TO (c): 4200

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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2 1958, to Sept 11 1958 and last saw ~~her~~ him alive on Sept 10 1958.
Death occurred at 5:30 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G H Armstrong (Degree or title) M.D.
22b. ADDRESS: 2342 St Louis
22c. DATE SIGNED: 9/11/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 13, 1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 9-11-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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. 4699

P. O. Address 3840 Lindell

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.