

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015016
STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. Primary Registration District No.

Registrar No. **2 4248**

300
1-57
8
193
0

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. O. A. City Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4949a Eichelberger		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Deborah Middle Ann Last Glon			4. DATE OF DEATH Month April Day 29 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8, 1958	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jack Glon		13b. MOTHER'S MAIDEN NAME Carroll Vacca		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Jack Glon Address 4949a Eichelberger		
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Traumatic Intra-abdominal and retro peritoneal hemorrhage with fractures of four left ribs.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in the immediate cause accepted as official respiration expired during attempted artificial respiration					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 143 1/2		
20c. TIME OF INJURY Hour 1030 Month, Day, Year 4 29 59			20d. CITY, TOWN, OR LOCATION St. Louis Mo		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 1001 m on the date stated above; and to the best of my knowledge, from the causes stated.			22. ADDRESS 1300 Clark		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal			23b. DATE 5-2-59		
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR Southern Funeral Home Address 6322 S. Grand, St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. APR 30 '59		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David Van Tassan*

Licensed Embalmer No. *4542*

P. O. Address *St. Louis Mo*

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.