

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022918

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **8 6044**

300
1-57

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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		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 City Hospital #1		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1920 Bacon Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Theodore** Middle Last **Glenn** 4. DATE OF DEATH Month **June** Day **25** Year **1959**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH **Sept. 26, 1906** 9. AGE (In years birth day) **52** F 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) **Great Lake Carving** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Tennessee** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **West Glenn** 13b. MOTHER'S MAIDEN NAME **Frances Arnold** 14. NAME OF HUSBAND OR WIFE **Mattie Glenn**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **718-10-4515** 17. INFORMANT **Mattie Glenn** Address **1920A. Bacon Street**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Sclerosis**
DUE TO (b) **Generalized Arterio Sclerosis**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420-1**
INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 _____ to _____ and last saw her alive on _____
Death occurred at **1043A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Patrick J. Taylor, Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6-26-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/26/59** 23c. NAME OF CEMETERY OR CREMATORY **Common Carrier** 23d. LOCATION (City, town, or county) (State) **Union City, Tennessee**

24. FUNERAL DIRECTOR **E. B. Koenel** ADDRESS **1221 North Grand** 25. DATE RECD. BY LOCAL REG. **JUN 26 59** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

mjc

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 *Mahin Blackman*

Licensed Embalmer No. *3967*

P. O. Address *1221 N. Grand*

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.