URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008258

FILED VS MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2405

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4263 Louisiana — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4263 Louisiana — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lydia Middle J. Last Glasscock

4. DATE OF DEATH Month Feb. Day 28 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Apr. 3, 1885

9. AGE (last birthday) 74

IF UNDER 1 YEAR Months 10 Days 25 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamer

10b. KIND OF BUSINESS OR INDUSTRY Sefton Fiber Can

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Hargett

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James (DEceased)

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. —

17. INFORMANT Lloyd Glasscock Address St. Louis 3418 Manhatten

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis-senese — 5 yrs

DUE TO (c) 332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 9/4/59, to _____ and last saw her/him alive on 2/23/60

Death occurred at 10:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D E Bachus M.D.

22b. ADDRESS 4205 Virginia

22c. DATE SIGNED 2-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Mar. 2, 1960

23c. NAME OF CEMETERY OR CREMATORY Lakewood Park

23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.

25. DATE RECD. BY LOCAL REG. MAR 1 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

BECKMANN
MERAMEC & VIRGINIA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 474

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.