URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009178

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 482

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST LOUIS
c. CITY OR TOWN MANCHESTER Mo
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) PINE CREST NURS HOME
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Gordon Middle EMONS Last Glass
4. DATE OF DEATH Month Feb. Day 10, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH Apr. 24, 1919
9. AGE (last birthday) 40
IF UNDER 1 YEAR Months 9 Days 17
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Ontario, Canada
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Glass
13b. MOTHER'S MAIDEN NAME Marjorie Onsemnons
14. NAME OF HUSBAND OR WIFE (divorced Geraldine Glass
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 722-03-3129
17. INFORMANT Dennis Barnett Address County Courthouse

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia – diffuse, Bilateral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) transection of cord – old
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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

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 2-9-1960, to 2-10-60 and last saw ~~her~~ him alive on 2-10-60
Death occurred at 3:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Morris Gordon (Degree or title) MD
22b. ADDRESS 601 S. Brentwood, Clayton, Mo
22c. DATE SIGNED 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR A.H. Bocklage ADDRESS 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 2-12-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Not Embalmed
AHB

Licensed Embalmer No._____

P. O. Address_____

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