

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048332

FILED VS DEC 16 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3467 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis County, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis County, Mo</u>		c. CITY OR TOWN <u>St. Louis, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3820 Enright Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle Last <u>Glason</u>			4. DATE OF DEATH Month <u>11</u> Day <u>26</u> Year <u>60</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>N.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-3-06</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>non</u>	11. BIRTHPLACE (City and state or country) <u>Blue Mountain, Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jim Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jordan</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>154-20-5485</u>	17. INFORMANT <u>Charlie Burnett</u> Address <u>3820 Enright Ave</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
IMMEDIATE CAUSE (a) <u>Acute bronchopneumonia</u>		
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c) <u>Generalized Arteriosclerosis</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe malnutrition</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>6:10 p.m.</u> Month, Day, Year <u>11-26-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Wheatley</u> COUNTY <u>Ark.</u> STATE		

21. I attended the deceased from 11-16-60 to 11-26-60 and last saw her/him alive on 11-26-60
 Death occurred at 11-26-60; 6:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Bernard Treanor, M.D.</u>	22b. ADDRESS <u>Robert Koch Hospital</u>	22c. DATE SIGNED <u>11-27-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>	23d. LOCATION (City, town, or county) (State) <u>Wheatley Ark.</u>
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24. FUNERAL DIRECTOR <u>J. H. RANDLE & SON</u> ADDRESS <u>3133 Bell Ave.</u>	25. DATE RECD. BY LOCAL REG. <u>11-29-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Muffly M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

15001 - 010 - 01010
R01371 15001 110521

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

Esther K. Harris

Licensed Embalmer No. 4450

P. O. Address 4181 Van

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.