SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022594

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5429

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hosp # 1

Inside Limits: Yes ☐ No ☐

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

b. COUNTY

c. CITY OR TOWN: St. Louis

Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2627 Franklin

Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: Last: Glenn

4. DATE OF DEATH: Month: June Day: 8th Year: 1961

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ ? Divorced ☐

8. DATE OF BIRTH: 12-5-07

9. AGE (last birthday): 53

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

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

10b. KIND OF BUSINESS OR INDUSTRY: Car Foundry

11. BIRTHPLACE (City and state or country): Belzona, Mississippi

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

13a. FATHER'S NAME: Alvin Glenn

13b. MOTHER'S MAIDEN NAME: LeAnna Olirin

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT: Mary Davis — Address: 2627 Franklin

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): Hypertensive Cardio Vascular Renal — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

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

DUE TO (b):

DUE TO (c): 443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain Syndrome and CAS

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 4-18-61, to 6-8-61 and last saw her/him alive on 6-8-61

Death occurred at 8:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas J. McDonough, M.D.

22b. ADDRESS: 1515 Lafayette Avenue

22c. DATE SIGNED: 6-8-61

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

23b. DATE: 6-14-61

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson

23d. LOCATION (City, town, or county) (State): Kirkwood, Mo

24. FUNERAL DIRECTOR: A.L. Beal Und. Co. — ADDRESS: 4303 Delmar

25. DATE RECD. BY LOCAL REG.: JUN 10 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arthur L. Hollead

Signature of Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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