

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

32328

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City St. Louis (No. 100) Ward 10

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Glenn Rossin Churchill

(a) Residence, No. 1511 Locust Tramway School St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 3 mos. 7 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single -  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1929  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 3 7

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None -  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Mr. Fred Churchill  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Emma Modestine Churchill  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Records of St. Louis Training School  
 (Address) \_\_\_\_\_

15. FILED Sept 28th 1931 Dr. Carl J. Nantz  
 REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26, 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1931, to Sept. 26, 1931 that I last saw him alive on Sept. 26, 1931 and that death occurred, on the date stated above, at 9:58 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis  
25  
86 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
 CONTRIBUTORY (SECONDARY) Conclusions -  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Mr. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes -  
 WHAT TEST CONFIRMED DIAGNOSIS? Guinea swabs in the sputum -  
 (Signed) Dorothy M. Clavich M. D.  
9-26 1931 (Address) St. Louis Tr. School

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem Cem DATE OF BURIAL 9/28, 1931  
 20. UNDERTAKER Theo. H. Seiderwisen ADDRESS 1936 St. Louis Ave

1931 97 100

