

AUG - 5 1937

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

Do not use this space.

25849

1. PLACE OF DEATH

County S

Township

City ST LOUIS21

Registration District No.

Primary Registration District No.

(No. 5242a WATERMAN AVE)7911003

File No.

Registered No.

7023

St. Ward)

2. FULL NAME

Emma Moon GlennEmma M. Glenn,

(a) Residence, No.

(Usual place of abode)

5242a Waterman St.12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFThomas S. Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 24, 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.86819

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cincinnati,
Ohio

13. NAME

Moon14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia

15. MAIDEN NAME

Jane Kerr16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wales.17. INFORMANT
(ADDRESS)Mrs. H. F. Doty,
5242a Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE July 24, 193719. UNDERTAKER
(ADDRESS)Wagoner Undertaking Co.,
3621 Olive St.

20. FILED

JUL 24 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1937, to July 23, 1937I last saw him alive on July 21, 1937 Death is saidto have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis general
and cerebral
Broncho-pneumonia terminal

Date of onset

1925July 191937

Other contributory causes of importance:

~~Myocarditis, 1925~~
Myocarditis, chronic1925

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Walter Fisher, M. D.3720 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5242^a Water meadow line.