

785

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

17018
Do not use this space.

REC'D JUN 12 1939

791
1008

Registered No. 4552

1. PLACE OF DEATH

(a) County 3 Registration District No.
(b) Township Primary Registration District No.
(c) City of St. Louis (d) Street No. 5616 Arthur Ave.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁴⁵⁰ Nellie Glenn

(a) Residence, No. 4459 Russell Blvd. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Aug. 26, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 8 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Pacific No. (STATE OR COUNTRY)

FATHER
13. NAME James Thomas Glenn

14. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) La.

MOTHER
15. MAIDEN NAME Mary Ann McCourt

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Mrs. J.T. Sargent (ADDRESS) 4459 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-19 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuari (ADDRESS) 4228 So. Kingshighway

20. FILED MAY 18 1939 J.T. Sargent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

The above poisoning was administered on the hand of her sister at 3616 Arthur Ave on May 17th 1939 at about 11:00 AM.

Other contributory causes of importance:
3616 Arthur Ave on May 17th 1939 at about 11:00 AM.

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) *Joseph H. Sargent*
(Address) *Deputy Registrar*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin M. Herriott*
Licensed Embalmer No. *3024*
P. O. Address.....

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 this body is not embalmed, above space should be left blank.