

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5117

FILED JUN 20 1946
318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4123 Chouteau Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4123 Chouteau Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN PAUL GLOW.

3. (b) If veteran, name war No

3. (c) Social Security No. 347-01-5414

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1946 hour 1:05:12 minute 70A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sybil James Glow.

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Nov. 6 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: - Years Months Days If less than one day

41 7 1 _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Public Service Co.

12. Name John Glow.

13. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Anartasia.

15. Birthplace Prussia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sybil James Glow.

(b) Address 4123 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 2008 Delmar Blvd., 7233 Delmar

19. (a) JUN 8 1946 (b) J. F. Braddock
(Date signed local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Date signed 6/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20043

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.....

Don Paul Marlow....., Registered Apprentice No. *387*

working under my personal supervision.

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis, Mo.*.....

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, fact should be so stated above.