No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29068

Registrar's No. 7325

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

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town House Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary Louise Glynn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Glynn

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 6 (Day) 1903 (Year)

8. AGE: Years 44 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St. Wendell (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Raben
13. Birthplace St. Wendell (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Scheidel
15. Birthplace Mt. Vernon (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Thomas Glynn
(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation House Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 5 1947 (Date received local registrar) (b) J F Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 3, 1947 to Aug. 4, 1947; that I last saw her alive on Aug. 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	13 hrs
Due to: Embolus	13 hr
Due to: Rheumatic heart disease	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Fabian J. Beck (M. D. or other) M.D.

Address 5203 Chippewa Date signed 8-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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. fact should be so stated above.