No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28487

FILED SEP 7 1948

Registration District No. 7 Primary Registration District No. 4465 Registrar's No. 2041

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2810 Dunkirk
(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 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rock Hill Village 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2810 Dunkirk 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD GLAVIN
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ellen Glavin
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan. (Month) 2 (Day) 1865 (Year)

8. AGE: Years 83 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Chamois (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Section Foreman
11. Industry or business Missouri Pacific Railroad
FATHER
12. Name Denis Glavin
13. Birthplace Not Known (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Elizabeth Broger
15. Birthplace Not Known (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. Henry Schmidt
(b) Address 2810 Dunkirk St. Louis Rock Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Missouri
18. (a) Signature of funeral director Otto C.
(b) Address Washington
19. (a) 8-30-48 (Date received local registrar) (b) Cecil J. Sharpe (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 14 year 1948 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 (Means of injury)
Signature (M. D. or other) Cecil J. Sharpe
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1964

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 Maurice H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington Missouri

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.