No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38153

Registrar's No. 9933

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:
DePaul Hospital 0
(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 12

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

(d) Street No. 4518 Shenandoah Ave. 5
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William J. Glynn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Leona M. M. Glynn

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

7. Birth date of deceased October (Month) 2, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	13	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business City of St.L.Water Works

FATHER
12. Name Patrick Glynn
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jennie Dailey
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. George Glynn
(b) Address 5008 Parker Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 16 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1948 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 20, 1948, to Nov. 15, 1948, that I last saw him alive on 11-15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic glomerulonephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature D.B. Flavan (M. D. or other)

Address 401 Humboldt Bldg. Date signed 11/16/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. B. Flaven (NE 1255
Humboldt Bldg.

1 3rd 5

Mail

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 Warren A. Carver

Licensed Embalmer No. 3534

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.