

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10762
2451

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2845 S 4th St.				d. STREET ADDRESS		3638 Kosciusko			
3. NAME OF DECEASED a. (First) GLENN			b. (Middle) H		c. (Last) M ^c ALLISTER		4. DATE OF DEATH (Month) (Day) (Year) MARCH-12-1950		
5. SEX M. D. W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC-30-1910		9. AGE (In years last birthday) 39 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler				10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME A. A.			13b. MOTHER'S MAIDEN NAME Lula Mill			14. NAME OF HUSBAND OR WIFE Dorothy M ^c ALLISTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dorothy M ^c Alhata					ADDRESS 3638 Kosciusko
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS						INTERVAL BETWEEN ONSET AND DEATH 5 MIN.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						3 WEEKS	
		DUE TO (b) INFECTIOUS MONONUCLEOSIS							
		DUE TO (c) NONE							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 093X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from FEB. 18, 1950, to MAR. 12, 1950, that I last saw the deceased alive on MAR. 12, 1950, and that death occurred at 8:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Robert A. Haled MD				(Degree or title)		23b. ADDRESS 3902 LAFAYETTE, St. Louis, Mo.		23c. DATE SIGNED MAR. 13, 1950	
24a. BURIAL, CREMATION, (Specify)		24b. DATE MARCH 14 - 50		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. MAR 14 1950		REGISTRAR'S SIGNATURE J. B. Sasater			25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmir				ADDRESS 3125 Lafayette Ave

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

1511

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joseph B. Holman

Licensed Embalmer No. 4014

P. O. Address 3125 Lakewood

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.