

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39041

State File No.

FILED NOV 30 1951

318

1003

Registrar's No. 9007

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood, Mo.		<i>St. Louis 4554</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 2861 Laclede Station Rd.					
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE		b. (Middle) J.		c. (Last) GLOSIER		4. DATE OF DEATH (Month) (Day) (Year) 10-11-51			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-10-1874			
9. AGE (In years last birthday) 80		10. MONTHS 8		11. DAYS 1		IF UNDER 1 YEAR Hours Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hd. Housewife			10b. KIND OF BUSINESS OR INDUSTRY X X X X X X X			11. BIRTHPLACE (State or foreign country) Rising Sun, Ind. /			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Ruben James		13b. MOTHER'S MAIDEN NAME Rebecca Moore		14. NAME OF HUSBAND OR WIFE Eugene Glosier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No X X X X X X X X X X			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Glosier			ADDRESS Above	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism						INTERVAL BETWEEN ONSET AND DEATH 10 MIN	
ANTECEDENT CAUSES DUE TO (b) Venous Thrombosis, Rt leg		DUE TO (c) Fx. Intertrochanteric Rt Hip						4 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>O.K. found in autopsy 10/11/51</i>						AMO.	
19a. DATE OF OPERATION 9/8/51		19b. MAJOR FINDINGS OF OPERATION Fx. Comminuted, Intertrochanteric, Rt Hip						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SURTICE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 126		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-7-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fall at Home 690 30x		22. I hereby certify that I attended the deceased from Sept 6, 1951 , to Oct 11, 1951 , that I last saw the deceased alive on Oct 11, 1951 , and that death occurred at 9:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lawrence Houston M.D.				23b. ADDRESS 634 N. Grand				23c. DATE SIGNED 10/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-13-51		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.			
DATE REC'D BY LOCAL REG. Oct 13 1951		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith Funeral Home 7456 Manchester Maplewood, 17, Mo.					

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

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.....

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.