

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39044

10952

FILED DEC 15 1951

318

1003

State File No. _____
 Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2109			10. STREET ADDRESS 4207 Pleasant St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp.				4. DATE OF DEATH (Month) (Day) (Year) 12 9 51							
3. NAME OF DECEASED (Type or Print) a. (First) Teresa			b. (Middle) M		c. (Last) Glynn		5. SEX F. /				
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Nov. 24 1890		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) pennsylvania /			12. CITIZEN OF WHAT COUNTRY? Yes		
13a. FATHER'S NAME F. J. Burke			13b. MOTHER'S MAIDEN NAME UNK.			14. NAME OF HUSBAND OR WIFE Robert L. Glynn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Glynn 826 E. Mesoto							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Quarrelous cardiac</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocardial Infarction</i> DUE TO (c) <i>Chronic Myocardial Infarction</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>St. abalo.</i>							INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>2nd floor</i>									
22. I hereby certify that I attended the deceased from <i>Dec 1</i> , 1951, to <i>Dec 9</i> , 1951, that I last saw the deceased alive on <i>Dec 5</i> , 1951, and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>E. W. ...</i>				(Degree or title) MD				23b. ADDRESS <i>1218 ...</i>		23c. DATE SIGNED <i>12/11/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-51		24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City; town, or county) (State) St. Louis Mo				
DATE RECD BY LOCAL REGISTRY DEC 11 1951		REGISTRAR'S SIGNATURE <i>Paul Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan</i>			ADDRESS 2849 N. Euclid			

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

1944
O.E. 11111
1/20/44

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 Francis Wellmon

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.