No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9988

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2869

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 8-Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Peoria
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peoria 8720
d. STREET ADDRESS (If rural, give location): RR #3 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle): M.
c. (Last): Glass

**4. DATE OF DEATH** (Month) (Day) (Year): 3-25-52

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Oct. 4, 1902
**9. AGE** (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Trucking
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Reed City, Ill. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Robert Glass
**13b. MOTHER'S MAIDEN NAME**: Missouri Slack
**14. NAME OF HUSBAND OR WIFE**: Mary E.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Mary E. Glass
ADDRESS: Peoria, Ill.

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ruptured Aortic Aneurysm- etiology unknown

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

**19a. DATE OF OPERATION**: 3-19-52
**19b. MAJOR FINDINGS OF OPERATION**: Ruptured Aortic Aneurysm
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**: 451 X

22. *I hereby certify that I attended the deceased from* 3-17- *, 19* 52 *to* 3-25 *, 19* 52*, that I last saw the deceased alive on* 3-25 *, 19* 52*, and that death occurred at* 5:00p. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: G B Rader 0
(Degree or title): M.D.
**23b. ADDRESS**:
**23c. DATE SIGNED**: 3-26-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 5
**24b. DATE**: 3-26-52
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Ridge
**24d. LOCATION** (City, town, or county) (State): Peoria, Ill.

DATE REC'D BY LOCAL REG.: MAR 26 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE**: Albert H. Hoppe
ADDRESS: 4700 Washington Blvd.
(Licensed Embalmer's Statement on Reverse Side)

## 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 John L Dennehy

Licensed Embalmer No. 4194

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.**