

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9994**
Registrar's No. **2410**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 5447 E EASTON	

3. NAME OF DECEASED (Type or Print) a. (First) REGINA		b. (Middle) NMN		c. (Last) GLOVINSKY		4. DATE OF DEATH (Month) (Day) (Year) 3 13 52							
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 18, 1894		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) POLAND			12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Lynna Hochman		13b. MOTHER'S MAIDEN NAME DORA GAUSCH		14. NAME OF HUSBAND OR WIFE Ben			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HARRY P. GLOVINSKY		ADDRESS 2851 AHERN	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM		PULMONARY EMBOLISM				2 HOUR	
ANTECEDENT CAUSES		DUE TO (b) CORONARY THROMBOSIS				5 DAYS	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE				4 1/2 YEARS	
II. OTHER SIGNIFICANT CONDITIONS		DIABETES MELLITUS				11 YEARS	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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? H20	

22. I hereby certify that I attended the deceased from 3/11, 1952, to 3/13, 1952, that I last saw the deceased alive on 3/13, 1952, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Vermillion M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/14/52		24c. NAME OF CEMETERY OR CREMATORY Grand St. Cemetery	
24d. LOCATION (City, town, or county) (State) University City Mo		24e. NAME OF FUNERAL HOME Wm. Berger		24f. ADDRESS Remond 9715 The Plaza	

DATE REC'D BY LOCAL REG. MAR 14 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Berger		ADDRESS Remond 9715 The Plaza	
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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

Devio J. Judwig

Licensed Embalmer No. 4329

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.