

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9995

FILED MAR 22 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1893**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, 2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hosp.</b>		d. STREET ADDRESS <b>4207 Pleasant Av.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert L. Glynn</b> b. (Middle) <b>Sr.</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26, 1952.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow.</b>	8. DATE OF BIRTH <b>Jan. 2, 1889</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Shoe worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe business</b>	11. BIRTHPLACE (State or foreign country) <b>Keokuk, Iowa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frederick Glynn</b>		13b. MOTHER'S MAIDEN NAME <b>Leotta Brewton</b>		14. NAME OF HUSBAND OR WIFE <b>deceased wife.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NUMBER <b>490-03-9656</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robt. Glynn, 4207 Pleasant.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Diabetes</b>		
II. OTHER SIGNIFICANT CONDITIONS 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>260X</b>
22. I hereby certify that I attended the deceased from <b>Feb. 17, 1952</b> to <b>Feb. 27, 1952</b> , that I last saw the deceased alive on <b>Feb. 27, 1952</b> and that death occurred at <b>9:39</b> m., from the cause and on the date stated above.		

23a. SIGNATURE <b>Nathaniel Goodman</b> (Degree or title)	23b. ADDRESS <b>4007 N. Pleasant</b>	23c. DATE SIGNED <b>2/27/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>FEB 28 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan, F.D. 2849 No. Euclid City</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*See back of certificate  
for name of student*

**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

*Gustav W. Deibele*

Licensed Embalmer No.

*4329*

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.