No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1952

State File No. 22036

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5943

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST Louis
c. LENGTH OF STAY (in this place) 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis CHILDRENS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILL.
b. COUNTY CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OBLONG 8120
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) WARD
c. (Last) GLEZEN

4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 52

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 5-14-52
9. AGE (In years last birthday) — If under 1 year: Months 1, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) TERRE HAUTE IND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BRUCE B. GLEZEN
13b. MOTHER'S MAIDEN NAME ALICE M. CUNNINGHAM
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME R. A. Woodman — **ADDRESS** 500 S. Kingshighway

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis, acute

ANTECEDENT CAUSES

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

DUE TO (b) Pseudomonas aeruginosa

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ 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? 3403

22. *I hereby certify that I attended the deceased from* 6-18, 1952, *to* 6-24, 1952, *that I last saw the deceased alive on* 6-24, 1952, *and that death occurred at* 6:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. G. Klingberg (Degree or title) MD
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-25-52
24c. NAME OF CEMETERY OR CREMATORY (Location)
24d. LOCATION (City, town, or county) Oblong, Illinois (State)

DATE REC'D BY LOCAL REG. JUN 25 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
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 S. 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.