

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25817

State File No. ....

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6623**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>211a</b>	
b. CITY OR TOWN <b>St. Louis 0</b>	c. LENGTH OF STAY (In this place township) <b>35 yrs</b>	c. CITY OR TOWN <b>St. Louis 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3821 Garfield</b>	

3. NAME OF DECEASED (Type or Print) <b>Calvin</b>	a. (First)	b. (Middle)	c. (Last) <b>Glasby</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 5 1952</b>
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5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Feb. 6, 1892</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>60</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Expressman</b>	11. BIRTHPLACE (State or foreign country) <b>Murphysboro, Illinois /</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Anderson Glasby</b>	13b. MOTHER'S MAIDEN NAME <b>Adelia Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Nola Glasby (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Glasby, 3821 Garfield</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Undetermined</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
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22. I hereby certify that I attended the deceased from **7-3**, 19**52**, to **7-5**, 19**52**, that I last saw the deceased **alive on 7-5**, 19**52**, and that death occurred at **8:45a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edna E. Brooks, M. D. 0</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>7-7-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 5</b>	24b. DATE <b>7/9/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker T. Washington</b>	24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Ill</b>
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DATE REC'D BY LOCAL REG. <b>JUL 8 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green, 3517 Laclede Avenue</b>	ADDRESS
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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Melvin E. Green*

Signed.....

Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis

**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.