

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

State File No. **33275**

Registrar's No. **8570**

FILED **SEP 24 1953**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>33275</b>		Registrar's No. <b>8570</b>			
<b>1. PLACE OF DEATH</b> a. COUNTY _____				<b>2. USUAL RESIDENCE</b> (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 <b>City</b>		c. LENGTH OF STAY (in this place) <b>6 yrs. 3 mos. 23 ds.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				e. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal St. 213%</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) _____			c. (Last) <b>Glass.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 30 - 1953</b>		
5. SEX <b>Male 2</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b> <b>WIDOWED</b>		8. DATE OF BIRTH <b>2-16-1865</b>		9. AGE (in years last birthday) <b>88</b>		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) <b>NIL</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Paducah, Ky.</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>UNKNOWN</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE _____			
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 ADDRESS <b>CARL GLASS 2312 Chestnut St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>				DUPLICATE (b) <b>Generalized Arteriosclerosis</b>				<b>years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE (c) _____				<b>years</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) <b>420.0</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <b>5-8-47</b> , 19____, to <b>8-30-53</b> , 19____, that I last saw the deceased alive on <b>8-30</b> , 19____, and that death occurred at <b>7:00pm.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>George Esker M.D.</b>				23b. ADDRESS <b>5600 Arsenal</b>				23c. DATE SIGNED <b>8/31/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>9-5-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. MO</b>				
DATE REC'D BY LOCAL REG. <b>SEP 3 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bennie Bone 3103 Washington</b>					

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.