

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2815**  
**0586**

FILED FEB 2 1954

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

Registrar's No. **2149**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>14 5500 WINONA</b>	
3. NAME OF DECEASED (Type or Print) <b>Mrs. EDNA THERESA GLEB</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1896</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10. KIND OF BUSINESS OR INDUSTRY <b>none</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mol</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Adam Neff</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Schnoker</b>	
14. NAME OF HUSBAND OR WIFE <b>CHARLES P. GLEB</b>		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. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chas. Gleb</b> ADDRESS <b>5500 Winona</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Papillary cyst adeno carcinoma of ovary</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>secondary metastasis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>12-2-1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Papillary cyst from pelvis - metastasis to liver</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>175X</b>		22. I hereby certify that I attended the deceased from <b>Jan 1953</b> , to <b>Jan 18, 1954</b> , that I last saw the deceased alive on <b>Jan 18, 1954</b> , and that death occurred at <b>253a m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Lee F. Winkler</b> (Degree or title)		23b. ADDRESS <b>Missouri Pacific Hosp.</b>	
23c. DATE SIGNED <b>19 Jan. 54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b> ADDRESS <b>6322 S. Grand Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 20 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *David Van Foss*

Licensed Embalmer No. *472*

P. O. Address *6322*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.