

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. 3276

State File No.

FILED OCT 26 1954

318

1003

Registrar's No. 9200

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN 915 North Grand Ave. St. Louis 6, Missouri		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 38 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		2. STREET ADDRESS (If rural, give location) 2226a FRANKLIN AVE. 2219	
3. NAME OF DECEASED (Type or Print) a. (First) LAVOID b. (Middle) c. (Last) GLOVER			4. DATE OF DEATH (Month) (Day) (Year) 10-8-54
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-28-13
9. AGE (In years last birthday) 41 yrs.		10. UNDER 1 YEAR Months	11. UNDER 18 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker		10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME CHARLES GLOVER	
13b. MOTHER'S MAIDEN NAME BESSIE BLACKWELL		14. NAME OF HUSBAND OR WIFE Louella Glover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO. 488-18-7907	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS
17. ADDRESS		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION RIGHT PLEURAL CAVITY, RECENT & OLD HEMORRHAGE POST OPERATIVE		INTERVAL BETWEEN ONSET AND DEATH 2	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY EDEMA & CONSOLIDATION, LEFT LUNG 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	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	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 8/31, 1954, to 10-8, 1954, and that the death occurred at 7:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Westphaelinger M.D.		23b. ADDRESS V.A. HOSPITAL ST. LOUIS 6, MO.	23c. DATE SIGNED 10-8-54
24a. PLACE OF CREMATION Removal	24b. DATE 10/13/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. OCT 11 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Cunningham & Moore, 2405 Marcus Avenue	

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 *Arthur L. Heilbard* _____

Licensed Embalmer No. 4221

P. O. Address 4524 Al dine

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.