

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42091

FILED JAN 17 1956

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State File No. 11660  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 11660		Registrar's No.	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital					STREET ADDRESS (If rural, give location) 27 2328 Riddle Street 22190				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle)		c. (Last) Glover		4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 55		
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 8-23-1897		9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Demopolis Ala			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff Glover			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 429-38-7443		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Missie Jones 2328 Riddle				
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) Coronary Pulmonale  ANTECEDENT CAUSES DUE TO (b) Chronic Obstructive Pulmonary Emphysema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)					MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH Undt.	
			II. OTHER SIGNIFICANT CONDITIONS Cardiac Insufficiency Generalized Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 434.3					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)				
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 12-24, 1955, to 12-31, 1955, that I last saw the deceased alive on 12-31, 1955, and that death occurred at 6:20a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.				23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 12-31-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1.7.56		24c. NAME OF CEMETERY OR CREMATORY Duquesne		24d. LOCATION (City, town, or county) (State) East Louis Mo			
DATE REC'D BY LOCAL REG. JAN 5 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Burke 3506 Franklin				

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 *Leroy U. Bannister*

Licensed Embalmer No. *452*

P. O. Address *3880<sup>9</sup> La*

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.