FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17893

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4351

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): D.O.A

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS

d. STREET ADDRESS (If rural, give location): 4 6415 MANCHESTER 2049

3. NAME OF DECEASED (Type or Print)
a. (First): EULOS
b. (Middle):
c. (Last): GLOVER

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 8TH 1898
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR Months 8 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler-Mech.
10b. KIND OF BUSINESS OR INDUSTRY: FRISCO-RAILROAD
11. BIRTHPLACE (City and State or Foreign Country): Wheeler - Miss
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: UNKNOWN GLOVER
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: LUELLA GLOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JEWELL EATON - 2750 HERMITAGE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; Subdural Hemorrhage; suffered when car operated by deceased struck retaining wall at 10th and Sidney Streets about 330 am., May 3rd 1956.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo

21d. TIME OF INJURY (Month) May (Day) 3 (Year) 56 (Hour) 3:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ODD

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 332 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Quinn Defatt Norman
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-4-56
24c. NAME OF CEMETERY OR CREMATORY: REINZI - MISS, CEM.
24d. LOCATION (City, town, or county) (State): REINZI, MISS.

DATE REC'D BY LOCAL REG.: MAY 3 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAY-B. SMITH FUNERAL HOME MAPLEWOOD 17 MO

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. H055

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.