

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39414**
Registrar's No. **10067**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 956 Hamilton		e. STREET ADDRESS (If rural, give location) 956 Hamilton	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie Belle b. (Middle) Glasgow c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3-1956	
5. SEX Female	6. COLOR OR RACE White	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH Sept. 7, 1881
10a. USUAL OCCUPATION (Give kind of work done in principal or substantial part of life) Housewife at Home		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years if under 1 year last birthday) (Months) (Days) (Hours) (Min.) 75 1 29
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Broadbent		13b. MOTHER'S MAIDEN NAME Mike	14. NAME OF HUSBAND OR WIFE Victor Glasgow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-16-1342A	17. INFORMANT'S SIGNATURE OR NAME Victor Glasgow ADDRESS 956 Hamilton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0	
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) (Min.) _____	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 10/27 , 19 55 , to 11/3 , 19 56 , that I last saw the deceased alive on 11/2 , 19 56 , and that death occurred at 11 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas W. Parker M.D.		23b. ADDRESS 4660 Maryland St. St. Louis Mo	23c. DATE SIGNED 11/3/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-1956	24c. NAME OF CEMETERY OR CREMATORY Sumner Burnell Park	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo
DATE REC'D BY LOCAL REG. NOV 5 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	GENERAL DIRECTOR'S SIGNATURE Edw. F. Smith ADDRESS 225 Union	

m. j. 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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *L. Hollis*

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.