

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2738

FILED JAN 29 1957

318

1003

STATE FILE NUMBER

409

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>EAST ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				Length of stay in 1b <u>17 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>1378 N 31st St</u>	
3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>MATTHEW</u> Last <u>GLOCK</u>				4. DATE OF DEATH Month <u>JAN.</u> Day <u>12</u> Year <u>1957</u>			
5. SEX <u>0</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 10, 1908</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>O'FALLON TOOL &amp; Die Co</u>		11. BIRTHPLACE (City and state or country) <u>EAST ST LOUIS, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Joseph Glock</u>				14. MOTHER'S MAIDEN NAME <u>ANNA Elicy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>329-10-5154</u>		17. INFORMANT <u>LUCKA Glock</u> Address <u>1378 N 31st St East St Louis</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute kidney failure</u> DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Viral Hepatitis 3 wks.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>20 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>DEC. 26, 1956</u> to <u>JAN 12, 1957</u> and last saw her alive on <u>JAN. 12, 1957</u> Death occurred at <u>8:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. H. Bradley</u> M. D.				22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>1/13/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-14-57</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>East St Louis, ILL</u>	
24. FUNERAL DIRECTOR <u>John J. Karsly</u> ADDRESS <u>1101 N 9th St East St Louis</u>			25. DATE RECD. BY LOCAL REG. <u>JAN 14 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		

health, Welfare Public Service  
300 0  
1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *John J. Kasey* .....

Licensed Embalmer No. *68*

P. O. Address *East St.*

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.