

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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6217  
State File No. ....  
Registrar's No. 1600

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. 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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 41 yrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp		e. STREET ADDRESS (If rural, give location) 3821 Garfield			
3. NAME OF DECEASED (Type or Print) FLOYD		a. (First)		b. (Middle) A	
c. (Last) GLASBY		4. DATE OF DEATH Feb 11, 1957		5. DATE (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 7, 1905		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 14 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis, Ill		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Calvin Glasby		13b. MOTHER'S MAIDEN NAME Nola Vardiman		14. NAME OF HUSBAND OR WIFE Ireatha Glasby	
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. 499-03-9405		17. INFORMANT'S SIGNATURE OR NAME Ireatha Glasby	
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.		MEDICAL CERTIFICATION 1. 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) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		INTERVAL BETWEEN ONSET AND 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:55 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Irene M. Green		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/16/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/16/57		24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green, 4060 Washington			
DATE REC'D BY LOCAL REG. FEB 16 57		REGISTRAR'S SIGNATURE J. Carl Smith me		ADDRESS	

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 *Melvin E. Green* .....

Licensed Embalmer No. *442* .....

P. O. Address *St. Louis* .....

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.