

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029442

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2172

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 5 1/2 years	c. CITY OR TOWN Kirkwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 91 Wildwood Lane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 91 Wildwood Lane
3. NAME OF DECEASED (Type or print) First BETTY Middle LOIS Last GLUNT		4. DATE OF DEATH Month July Day 24 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/5/24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietitian Treasurer		10b. KIND OF BUSINESS OR INDUSTRY Blackmore & Glunt, Inc. Scruggs Store	9. AGE (last birthday) 37
11a. FATHER'S NAME Earl Young		11b. MOTHER'S MAIDEN NAME Louise Stoecklen	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Earl Young		14. NAME OF HUSBAND OR WIFE P. Gordon Glunt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. 6	17. INFORMANT P. Gordon Glunt, 91 Wildwood Lane, Kirkwood Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Hodgkins disease			INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ p.m.	Month, Day, Year ---		
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 Dec 7, 1961 to death and last saw her alive on July 19, 1962 Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward H. Rembert M.D. (Degree or title)		22b. ADDRESS 4960 Audubon, St Louis (10) Mo.	22c. DATE SIGNED 7-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/26/62	23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	23d. LOCATION (City, town, or county) (State) Edwardsville, Ill.
24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 7-25-62	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

VS 300	Rev. 4/59	DATE AMENDED	8/6/62
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

10a, b Treasurer, Blackmore & Glunt, Inc. - Dietitian, Scruggs

USE BLACK INK OR TYPEWRITER RIBBON

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 Francis J. Myland Jr

Licensed Embalmer No. 4512

P. O. Address Keokuk, Mo.

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.