

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040246

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9729** STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in lb **16 yr 7 mo**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis State Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY \_\_\_\_\_

c. CITY OR TOWN **St. Louis, Mo.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **4936 Thekla** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)

First **ELBERT** Middle **DANA** Last **GLAZEBROOK**

4. DATE OF DEATH **Oct. 9, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **9/24/10** 9. AGE (last birthday) **52**

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer (ret.)** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and state or country) **Kentucky, Dixon** 12. CITIZEN OF WHAT COUNTRY **America**

13a. FATHER'S NAME **Jesse G. Glazebrook** 13b. MOTHER'S MAIDEN NAME **Annie Edens** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Hospital Records** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bronchopneumonia with associated pulmonary edema**

Conditions, if any, which gave rise to above cause (b), stating the underlying cause (c):

DUE TO (b) **Cor pulmonale**

DUE TO (c) **Cirrhosis, Laennec's. 5811**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **10-11-62**

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **2/25/46** to **10/9/62** and last saw him alive on **10/9/62**

Death occurred at **11:05 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. F. Heusler, M.D.** (Degree or title) 22b. ADDRESS **5400 Arsenal St.** 22c. DATE SIGNED **10/10/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **10-12-62** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Drehmann-Harral, 1905 Union Blvd.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **OCT 11 1962** REGISTRAR'S SIGNATURE **Ed. Smith, M.D.**

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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.