

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021616
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5722**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1963	
1. PLACE OF DEATH a. COUNTY: _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI Length of stay in 1b: _____ c. FULL NAME OF (If NOT in hospital, give HOSPITAL OR INSTITUTION) BARNES HOSPITAL Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: St. Louis c. CITY OR TOWN: Lemay Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location): 2236 Telegraph Rd Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: BETTY Middle: _____ Last: GLASER	
4. DATE OF DEATH Month: May Day: 29 Year: 1963	
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 : 4-16-1932
9. AGE (last birthday): 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
11. BIRTHPLACE (City and state or country): Missouri	12. CITIZEN OF WHAT COUNTRY : USA
13a. FATHER'S NAME : Lester Crites	13b. MOTHER'S MAIDEN NAME : Mary Schamel
14. NAME OF HUSBAND DECEASED : Louis Glaser	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
17. INFORMANT : Louis Glaser	Address : 2236 Telegraph Rd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED UNDIFFERENTIATED CARCINOMA, PRIMARY SITE UNKNOWN DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 199.2	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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: _____ a.m. _____ 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 4/30/63 , to 5/29/63 and last saw her alive on 5/29/63 . Death occurred at 9:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title): <i>[Signature]</i> M.D.	22b. ADDRESS : BARNES HOSPITAL
22c. DATE SIGNED : 5/29/63	22d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE : June 1, 1963
23c. NAME OF CEMETERY OR CREMATORY : Sunset Burial Park	23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24. FUNERAL DIRECTOR Thomas Kutis	25. DATE RECD. BY LOCAL REG. : MAY 31 1963
26. REGISTRAR'S SIGNATURE : <i>[Signature]</i>	

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Cooley Thompson

Licensed/Embalmer No.

4865

P. O. Address

St. Louis 19, 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.