

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43184  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1002**  
 (c) City Saint Louis (d) Street No. Homer G. Phillips Hospital Registered No. **11434** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George C. Glass Jr.

(a) Residence, No. 2716 Lawton Ave. St. **21**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
23 23 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 23  
 9. Industry or business in which work was done, as saw mill, bank, etc. Common Laborer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME George Glass Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Beatrice Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Beatrice Polk  
 (ADDRESS) 2716 Lawton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton Ill. DATE 12-15-37

19. FUNERAL DIRECTOR (ADDRESS) 3517 Pasteur Ave

20. F. St. Bridget 19 1937  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10 19 37

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:  
Traumatic intrathoracic Hemorrhage penetrating gunshot wound of left upper chest suffered when shot with gun in the hands of one, Frank Regas in restaurant at 301 S. Jefferson Avenue, about 9:28 P.M. December 9th, 1937. HOMICIDE.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 12/9/37

Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury See above  
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? NO.  
 If so, specify \_\_\_\_\_

(Signed) Alfred J. Perry M.D.  
 (Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

242

1-12-38

DEC 13 1937

**STATEMENT BY LICENSED EMBALMER**

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me at 3517 Laclede Ave.,

December 10, 1937. L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 1173

**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.)**