

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community _____
 years, months or days) Unknown

3. (a) PRINT FULL NAME Lilly Glover8. (b) If veteran,
name war _____8. (c) Social Security
No. None

4. Sex female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Jan 10, 1885
 (Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 21
 If less than one day _____ hr. _____ min.

9. Birthplace Columbia S. Carolina
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
 12. Name Mrs Douglas
 13. Birthplace Columbia S. Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Bebecca Carter
 15. Birthplace Columbia S. Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Moses English
 (b) Address 2829 Delmar, St. Louis
 17. (a) Burial (b) Date thereof Feb 5, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co18. (b) Address 2931 Lucas, ave19. (a) FEB 3 1940 (b) J. B. Brubaker
(To be received local Registrar) (Signature of Registrar)

2) USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1216 Elliott
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1940 hour 6:20 minute _____ A.M.21. I hereby certify that I attended the deceased from
January 26, 1940, to January 31, 1940,
that I last saw her alive on January 31, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Septicemia Duration 11-12dasDue to Vulva Abscess, caused by staphylococcus aureus 11-12das

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature H. C. Irving (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Louis V. Atkin

Licensed Embalmer No.

2842

P. O. Address

3644 Finner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.