No. 2
1-10-40
17249
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23393

FILED AUG 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5838

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: ISOLATION HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7/26/39 to (Specify whether
In this community 7/7/40 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits write "RURAL")
(d) Street No. 3625 Cozens (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gladys Stewart 313 Gladys Covington also known as

8. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 21 (Day) 1912 (Year)

8. AGE: Years 27 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Chester ILL (City, town, or county) (State or foreign country)
10. Usual occupation house work
11. Industry or business

MOTHER FATHER
12. Name Ernest Covington
13. Birthplace Sparta Ill. (City, town, or county) (State or foreign country)
14. Maiden name Hattie Cowell
15. Birthplace Sparta Illinois (City, town, or county) (State or foreign country)

16. (a) Informant A. Lane
(b) Address 5600 Arsenal St.
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-11-1940 (Month) (Day) (Year)
(c) Place: burial or cremation St petresc cemetery
18. (a) Signature of funeral director Pinkus Tonely
(b) Address 3129 Pierce Ave
19. (a) JUL 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar of deaths)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1940 hour 5:45 A.M. minute M.
21. I hereby certify that I attended the deceased from 7/26/39, 19, to 7/7/40, 19; that I last saw her alive on 7/7/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Maxwell (M. D. or other)
Address Isolation Hospital Date signed 7/7/40

(Licensed Embalmer's Statement on Reverse Side)

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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 Clark Young

Licensed Embalmer No. 3371 J

P. O. Address St. Louis 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 this body is not embalmed, above space should be left blank.