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No. 2
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23571

ED AUG 25 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6016

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 11 Days
(Specify whether years, months or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1834 South 13th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,
year 1940 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from June
4, 1940 to July 17, 1940;
that I last saw her alive on July 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic pulmonary tuberculosis.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
None.

PHYSICIAN
Major findings:
Of operations None.
Of autopsy None.
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 1
23. Signature James T. Murphy (M. D. or other)
Address 1815 Lafayette Date signed 7/17/40

3. (a) PRINT FULL NAME Lucy A. Glascock 422

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jasper Glascock 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November 9, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 8 hr. min.

9. Birthplace Hopewell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name John E. Bone

13. Birthplace Hopewell Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dora Mc Cabe

15. Birthplace Hopewell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Morris

(b) Address 3246v Oregon

17. (a) Burial (b) Date thereof July 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Missouri

18. (a) Signature of funeral director P. H. M. Langhin

(b) Address 2301 Lafayette

19. (a) JUL 18 1940 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

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

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 Paul a Kerth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.