

DEC 22 1941 791  
Registration District No. **791**

Primary Registration District No. **1003**

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:  
**St. Louis City Hospital #1 D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Mo. 29 Days**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **Baby Glasgow**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **0**

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

7. Birth date of deceased **Sept. 19, 1941**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 29** hr. min.

9. Birthplace **St. Louis, Missouri** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name **Noble Glasgow**

13. Birthplace **Arkansas** **1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Byrd**

15. Birthplace **Pascola, Missouri** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Glasgow**

(b) Address **4320 Hunt**

17. (a) **burial** (b) Date thereof **11-17-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wardell, Missouri**

18. (a) Signature of funeral director **Noble Glasgow--Father**

(b) Address **4320 Hunt**

19. (a) **NOV 17** (b) **J F Brues**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **1718**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4320 Hunt**  
(If rural, give location) **0**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**,  
year **1941** hour **10:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **September**  
**19**, 19 **41** to **November 17**, 19 **41**  
that I last saw h. or alive on **November 17**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
**Prematurity**  
**Paratubercular, left**  
**lunglets**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **PHYSICIAN**  
Of autopsy.....  
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 **0**

23. Signature **C. P. Meeker** (M. D. or other)  
Address **1515 Lafayette Avenue** Date signed **11/17/41**

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**