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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4375

Registration District No. 191 Primary Registration District No. 1003 Registrar's No. 1147

1. PLACE OF DEATH:
(a) County: ST Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Home~~ 1506 S. 8th St. (Rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 23 000
(c) City or town: ST Louis (If outside city or town limits, write "RURAL") 19
(d) Street No.: 1506 So 8th St. (Rear) (If rural, give location) 19
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lillie ~~Edward~~ Glover
3. (b) If veteran, name war: — —
3. (c) Social Security No.: —
4. Sex: FEMALE 5. Color or race: Col 6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 11 (Month) 6 (Day) 1876 (Year)

8. AGE: Years 65 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: MARCELLA (City, town, or county) GA. (State or foreign country)
10. Usual occupation: DOMESTIC
11. Industry or business:
FATHER 12. Name: Henry Powell
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name:
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: C. P. Powell
(b) Address: 1506 So 8th St. Rear
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson Cem.
18. (a) Signature of funeral director: Ellis Fun. Home
(b) Address: 2820 Stodard St.
19. (a) FEB 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3rd year 42 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis, Duration
Chronic Interstitial Nephritis.
Due to:
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? (Specify type of place)
While at work? (e) Means of injury: 3
23. Signature: Thomas F. Callanan (M.D. or other)
Address: Deputy Coroner Date signed: 2/4/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lonnie Boyhin

Licensed Embalmer No. 2946

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, fact should be so stated above.**