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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19609

Registration District No. 318 | Primary Registration District No. 4003 | Registrar's No. 5742

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2minutes (Specify whether years, months or days)

In this community 2minutes

2. USUAL RESIDENCE OF DECEASED: 009 17 9 18

(a) State: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 4159a Hertling Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---------

3. (a) PRINT FULL NAME: Baby Glasgow

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Newborn

6. (b) Name of husband or wife: Newborn

6. (c) Age of husband or wife if alive: Newborn years

7. Birth date of deceased: June 1, 1943 (Month) (Day) (Year)

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

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

10. Usual occupation: Nil.

11. Industry or business: Nil.

FATHER 12. Name: Noble Glasgow

13. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

MOTHER 14. Maiden name: Helen Byrd

15. Birthplace: (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Ernest Morrison

(b) Address: St. Louis City Hospital.

17. (a) Cremation (~~Burial, cremation, or removal~~) (b) Date thereof 6 24-43 (Month) (Day) (Year)

(c) Place: ~~Burial or~~ cremation City Crematory

18. (a) Signature of funeral director: Wm. White

(b) Address: City Hospital #1

19. (a) JUN 23 1943 (Date received local registrar) (b) J. T. Medrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, year 1943 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1943, to June 1, 1943 that I last saw him alive on June 1, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurely	
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:

23. Signature: R. N. Young (M. D. or other)

Address: City Hospital #1 Date signed 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

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.