No. 300
10-48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11192

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cairo 8120
d. STREET ADDRESS (If rural, give location): 8 Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): GLADYS
b. (Middle):
c. (Last): ENGLAND

4. DATE OF DEATH (Month) (Day) (Year): 12/ 28/1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: October 15/1904
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Social Service
10b. KIND OF BUSINESS OR INDUSTRY: Welfare Dept.
11. BIRTHPLACE (State or foreign country): Sedalia Kentucky
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Rome England
13b. MOTHER'S MAIDEN NAME: Sophia Brown
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Charles McGee Cairo Illinois

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lungs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of left breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 170X

22. *I hereby certify that I attended the deceased from* Dec 22, 1950, *to* Dec 28, 1950, *that I last saw the deceased alive on* Dec 28, 1950, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter G. Young O. M.D.
23b. ADDRESS: 2337 Market
23c. DATE SIGNED: 12-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/29/50
24c. NAME OF CEMETERY OR CREMATORY: Cairo, Ill.
24d. LOCATION (City, town, or county) (State): Cairo, Ill.

DATE REC'D BY LOCAL REG. DEC 29 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.W. Roberts 1416 N. Taylor ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Annie Roberts

Licensed Embalmer No. 4439

P. O. Address 1416 N Tayla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.