

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20515

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4983**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>	a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b> <b>8/20</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		c. CITY OR TOWN <b>Lovejoy</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) <b>619 south 6th street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LULA</b>	b. (Middle) <b>GLASPER</b>	c. (Last) <b>GILLISPIE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct 3, 1901</b>	9. AGE (In years) (last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Madison County, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Jake Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Osborne</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Bowman</b>	ADDRESS <b>619 30 6th st., Lovejoy, Ill.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK? (Specify) <b>None</b>	21f. HOW DID INJURY OCCUR? <b>No Injury 331X</b>
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22. I hereby certify that I attended the deceased from **May 27, 1954**, to **June 4, 1954**, that I last saw the deceased alive on **June 2, 1954**, and that death occurred at **3:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stearl McCarroll</b>	(Degree or title)	23b. ADDRESS <b>501 Madison St. Lovejoy, Ill.</b>	23c. DATE SIGNED <b>June 4, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 5, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>JUN 5 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marshall Funeral Home</b>	ADDRESS <b>East St. Louis, Ill.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....  
*Thomas M. Dabson*

Licensed Embalmer No.....<sup>4</sup>  
2205 Missoula  
P. O. Address..... East St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.