

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis Mo.**
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **St. Louis, Missouri**)
c. LENGTH OF STAY (In this place) **7 Dys**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St Marys Imfirary**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **Kirkwood 71**
d. STREET ADDRESS (If rural, give location) **443 W. Adams Ave**

3. NAME OF DECEASED
a. (First) **Elizabeth** b. (Middle) _____ c. (Last) **GLEGHORN**

4. DATE OF DEATH **June 15 1954**

5. SEX **Female 3**

6. COLOR OR RACE **Col.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug. 3, 1904**

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife**

9b. KIND OF BUSINESS OR INDUSTRY **Housewife**

10. BIRTHPLACE (State or foreign country) **Pacific Mo.**

11. CITIZEN OF WHAT COUNTRY? **U.S.A.**

12a. FATHER'S NAME **Henderson Grooms**

12b. MOTHER'S MAIDEN NAME **Letha Pates**

12c. NAME OF HUSBAND OR WIFE **Lawrance Gleghorn**

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.**

14. SOCIAL SECURITY NO. **No.**

15. INFORMANT'S SIGNATURE OR NAME **Lawrance Gleghorn** ADDRESS **443 W. Adams Av.**

16. 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vascular Accident**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

17a. DATE OF OPERATION

17b. MAJOR FINDINGS OF OPERATION

18. AUTOPSY? YES NO

19a. ACCIDENT SUICIDE HOMICIDE (Specify)

19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **331X**

20a. TIME OF INJURY (Month) (Day) (Year) (Hour)

20b. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

20c. HOW DID INJURY OCCUR?

21. I hereby certify that I attended the deceased from **June 1 1954**, to **June 15 1954**, that I last saw the deceased alive on **June 15 1954**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or Title) **Walter A. Young MD**

22b. ADDRESS **2337 Market**

22c. DATE SIGNED **6/17/54**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **June 18 1954**

23c. NAME OF CEMETERY OR CREMATORY **Father Dickson**

23d. LOCATION (City, town, or county) (State) **St. Louis MO.**

24. DATE REC'D BY LOCAL REG. **JUN 18 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John W. Hemphill 408 S. Fillmore AV**

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

... MUST.

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

John Phillip

Signed.....
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address. 408 S. Fillmore

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.