N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2601, N Whittier St. ..... Ward)

File No. 29049

Registered No. 7682

2. FULL NAME Giles Glasby

(a) Residence, No. 220 S Leffingwell St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Melassie Glasby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1879

7. AGE: Years 58 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER

13. NAME: Anderson Glasby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Adelia Glasby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis, Ill DATE 8/15 1937

19. UNDERTAKER: P.M.C. GREEN
(ADDRESS) 3517 LACLEDE AVE.

20. FILED AUG 14 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1937, to August 11, 1937

I last saw him alive on August 11, 1937. Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8-6-37

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Lewis M. D.

(Address) 2601 N Whittier

Homer G. Phillips Hospital

St. Louis 2601 N Whittier

Willie Glasby

[illegible] Leffingwell

Life

M C Married

Malestie Glasby

Jan. 1, 1879

58 7 10

Cook

Tennessee

Anderson Glasby

unknown

Amelia Glasby

unknown

Evelyn Hilliard
2601 N Whittier

August 6 '37 August 11 '37

August 11 '37

11:40 p.m.

Pulmonary Tuberculosis 7-6-37

clinical no

2601 N Whittier