

REC'D JUL 12 1938

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

20221

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **5360**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
(e) Length of residence in city or town where death occurred **3** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Elreata Glover**

(a) Residence, No. **1710 Glasgow** St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1920		
7. AGE	YEARS	MONTHS
	18	--
		DAYS
		20
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil	
	9. Industry or business in which work was done, as 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) Ohio		
FATHER	13. NAME Lee Glover	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
MOTHER	15. MAIDEN NAME Mildred Reed	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis DATE 6/16 - 19 38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. J. Brown 1701 Biddle		
20. FILED JUN 13 1938 J. D. Bredek Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 27**, 19**38**, to **June 10**, 19**38**

I last saw her alive on **June 10**, 19**38** Death is said to have occurred on the date stated above, at **4:45a** m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset **2/27/38**

Other contributory causes of importance

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. J. Brown**, M. D.
(Address) **2601 N Whittier**

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.

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 *J. A. [Signature]*

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *J. A. [Signature]*

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin av

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, above space should be left blank.