S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4943

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1773

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis /
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis /
(If outside city or town limits, write "RURAL")

(d) Street No. 4061 Enright
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 30 Gladys Louise Reed Redd

3. (b) If veteran, name war No War

3. (c) Social Security No. None

4. Sex FEmale

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife (Unk) ? Redd

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept. 15 1911 (Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Farmerville La. / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife /

11. Industry or business None /

FATHER
12. Name Monroe Burch /
13. Birthplace Farmerville La. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Taylor
15. Birthplace Farmerville La. (City, town, or county) (State or foreign country)

16. (a) Informant Dock Taylor
(b) Address 1312 Webster Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) FEB 21 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1940 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from January 31, 1940, to February 19, 1940; that I last saw her alive on February 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis (Non-tuberculous) Ruptured Pyosalpinx	14 das
Non Malignant	
Due to Non puerperal	
Non venereal	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1390	

Major findings:
Of operations

Of autopsy Peritonitis, Bilateral Salpingitis, Surgical Laporatomy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Richard C. Hackney M.D. (M.D. or other)
Address 2601 N Whittier Date signed 2/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm C. McDowell

Licensed Embalmer No. 2414

P. O. Address .....

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.