

FILED DEC 11 1940

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

38973

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township Herculanum Primary Registration District No. 5575 Registered No. 109
(c) City Herculanum (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 17 yrs. 8 mos. 3 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME GLADYS LOCASEY

(a) Residence, No. HERCULANEUM, Mo. St. (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 <u>FEMALE</u>	4. COLOR OR RACE <u>COLORED</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16, 1923</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>8</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>School</u>	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Girl</u>
	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) <u>Herculanum Missouri</u>	
FATHER	13. NAME <u>Ray Casey</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cadet Mo</u>
	MOTHER	15. MAIDEN NAME <u>Corinne Casey</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jiff Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ferd Taylor</u> <u>Herculanum, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herculanum, Mo.</u> DATE <u>Nov 27 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Gentry R. Polittle</u> <u>Crystal City Mo.</u>		
20. FILED <u>Nov 20 1940</u> <u>J. E. Riddle</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1940 to Nov 19 1940.
I last saw h. or alive on Nov 19 1940. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 3/1/40
27
Other contributory causes of importance:
Pulmonary Tuberculosis with emphysema 2/1/40
Name of operation None Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____ (Signed) Ernest Bennett M. D.
(Address) Herculanum, Mo.

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

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

Signed.....

Licensed Embalmer No.....

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.