

STANDARD CERTIFICATE OF DEATH

38641

State File No. \_\_\_\_\_

FILED 17 1945  
3/17

Registration District No. \_\_\_\_\_

Primary Registration District No. 20676

Registrar's No. 2588

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural  
(c) Name of hospital or institution: Mount St. Rose Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Months  
(Specify whether  
In this community 21 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4729 Cote Brillante  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GLADYS M. USERY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Glen 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 18 1915  
(Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dariville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

MOTHER FATHER { 12. Name William Arthur Britton  
13. Birthplace Carwford County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Stringer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Usery

(b) Address 4729 Cote Brillante

17. (a) Burial (b) Date thereof 11 / 9 / 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) 11-23-45 (b) E. P. M. Gerardin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1945 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 24 1945 to Nov 6 1945;  
that I last saw her alive on Nov 6 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pan Advanced Pulmonary Tuberculosis with bilateral emphysema Duration 2 1/2 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Same

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John E. Murphy (M. D. or other) M.D.  
Address 9407 So. Broadway Date signed 11-6-45

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

**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 E. W. Cooper

Licensed Embalmer No. 5880

P. O. Address 2301 Lafayette

**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.**