FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32631

Registrar's No. 8470

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 PARK LANE HOSPITAL (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0300

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. ~~PARK LANE HOSPITAL~~ 3033 New Ashland Av. (If rural, give location) 19

(e) Citizen of foreign country? (Yes or No) 10 0

If yes, name country

3. (a) PRINT FULL NAME GLENDA GALE HURST

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT. (Month) 2 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER

12. Name EVERETT L. HURST

13. Birthplace PLATEKER (City, town, or county) ARKANSAS (State or foreign country)

14. Maiden name PATSY RUTH CHAMNESS

15. Birthplace CAPE GIRADEAU (City, town, or county) MO (State or foreign country)

16. (a) Informant Everett L. Hurst

(b) Address 3033 New Ashland Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 6 47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Natl. Cem. Jefferson Br.

18. (a) Signature of funeral director E. J. Schmier

(b) Address 3125 Lafayette Av.

19. (a) SEP 6 1947 (Date received local registrar) (b) J. H. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3 year 1947 hour 1 minute 9-2 P.M.

21. I hereby certify that I attended the deceased from 9-2, 1947 to 9-3-1947 that I last saw her alive on 9-3-1947 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation — Duration 1 day

Due to Premature Birth

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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) 0

While at work? (b) Means of injury

23. Signature Clyde B. Kane (M. D. or other) MM-D

Address 706 Walton Date signed 9/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.