S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2551

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 700

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

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: Josephine Heitkamp Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether In this community 12 yrs. years, months or days)

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. 2133 Victor (If rural, give location) 23

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

If yes, name country

3. (a) PRINT FULL NAME Bessie Glines

3. (b) If veteran, name war None

3. (c) Social Security No. 486-12-0140

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Howard Glines

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March (Month) 27 (Day) 1920 (Year)

8. AGE: Years 27 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Shoeworker

11. Industry or business Shoe Co.

FATHER
12. Name Clarence Simpson
13. Birthplace Ames (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Abbie Dalton
15. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Howard Glines
(b) Address 2331 Victor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1948 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-17-48, 19, to, 19, that I last saw her alive on 1-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage & Shock — Duration 4 hrs.

Due to Ruptured Ectopic Pregnancy

Due to

Other conditions (Include pregnancy within 3 months of death) 1/47

Major findings: Of operations Massive Intra Abdominal

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)

While at work? (e) Means of injury

23. Signature F. J. Swekosky (M. D. or other) M.D.

Address 2528 S. Jefferson Date signed 1-23-48

Jefferson City Printing Co. (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillard

Licensed Embalmer No. 4080

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, fact should be so stated above.