FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20921

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 541

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 Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5096 Cates Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 12
If yes, name country

3. (a) PRINT FULL NAME Gladys T. Hallenbeck
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased September (Month) 1 (Day) 1906 (Year)

8. AGE: Years 41 Months 9 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Waitress
11. Industry or business

MOTHER FATHER
12. Name Byron Taylor
13. Birthplace Olean (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Maude Pavey
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Byron Taylor
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) (Date received) JUN 14 1948 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1948 hour 9:20 minute A. M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death External hemorrhage; Suffocation by choking; Shock; at the hands of one Leonard Marion Bayless, in Tower Grove Park, around midnight, June 11, 1948.
Due to HOMICIDE.
Due to The Jury further recommends that the Defendant be hospitalized for the purpose of examination by a psychiatrist.
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

168

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) Homicide
(b) Date of occurrence 6-11-1948 000
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no Means of injury see above
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 6-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 19 1956

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 Henry M. Bram

Licensed Embalmer No. 420

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.