

FILED JUN 9 1950

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State File No. 4817
Registrar's No.

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 4817		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2219</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>323 N Leffingwell</u>		<u>6</u>						
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First)		b. (Middle) <u>Glasgow</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Apr. 18 1875</u>		9. AGE (In years last birthday) <u>75</u>		10 UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	11 UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>				
13a. FATHER'S NAME <u>UNK.</u>			13b. MOTHER'S MAIDEN NAME <u>UNK.</u>			14. NAME OF HUSBAND OR WIFE <u>Mark Jane Thomas - 3234 Leffingwell</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mark Jane Thomas - 3234 Leffingwell</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Cardio-renal Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>HH2X</u>							
22. I hereby certify that I attended the deceased from <u>5-20</u> , 19 <u>50</u> , to <u>5-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>50</u> , and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.												
23a. SIGNATURE <u>Miss O. Bissin</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>5-26-50</u>			
24a. BURIAL; CREMATION, REMOVAL (Specify)		24b. DATE <u>6/1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Burial</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>					
DATE REC'D BY LOCAL REG. <u>JUN 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>English UND. Co</u>			ADDRESS <u>2931 Lucas</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, 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.