

FILED JUL 5 1950

1003

State File No. 5613

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>48 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo 2129</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Honer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4951 Fountain</b>					
3. NAME OF DECEASED (Type or Print) <b>Antoinette</b>			a. (First)		b. (Middle) <b>Gladden</b>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>? abt 93</b>	
9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Summerville Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			13a. FATHER'S NAME <b>Henry Austin</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Austin</b>	
14. NAME OF HUSBAND OR WIFE <b>not known</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Howard Bailey 4951 Fountain</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b>					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H.A. 2X</b>		22. I hereby certify that I attended the deceased from <b>6-24</b> , 1950, to <b>6-25</b> , 1950, that I last saw the deceased alive on <b>6-25</b> , 1950, and that death occurred at <b>9:25p m.</b> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <b>Alvin J. Thompson, M.D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	
23c. DATE SIGNED <b>6-26-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
DATE REC'D BY LOCAL REG. <b>27 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Gaster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Beal</b>		ADDRESS <b>Had. Co. 2726 Lucas</b>		

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Leroy W. Bannister*

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Av

**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.