

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1951

State File No. 18-1182

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10483

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2 2 19	
		d. STREET ADDRESS (If rural, give location) 2019 Cole Street	
3. NAME OF DECEASED (Type or Print) Elizabeth Glass			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1951
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 2-1-1903
9. AGE (In years last birthday) 48		10. MONTHS 9	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Illinois 1
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Washington	
13b. MOTHER'S MAIDEN NAME Lizzie Anderson		14. NAME OF HUSBAND OR WIFE Arvell Glass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lizzie Alexander
		ADDRESS 2019 Cole Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH Undet.
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
DUE TO (b) Probable Congenital Heart Disease			"
DUE TO (c) Congenital Deformity of Chest			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			None
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7544
22. I hereby certify that I attended the deceased from 11-11, 19 51, to 11-19, 19 51, that I last saw the deceased alive on 11-19, 19 51, and that death occurred at 10:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Lorena W. Harris M. D. U		23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 11-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11		24b. DATE 11-26-51	24c. NAME OF CEMETERY OR CREMATORY Greenwood
		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. NOV 26 1951		REGISTRAR'S SIGNATURE Paul Smith M. D.	25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. 2820 Stoddard St.

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fulton E. Carl Klein.....

Licensed Embalmer No. 4198.....

P. O. Address St Louis 13, MO......

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.