

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32969**
 Registrar's No. **8292**

FILED SEP 25 1952

318

1003

BIRTH NO. **54906** REG. DIST. NO. PRIMARY REG. DIST. NO. **1003**

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

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) 1 da. 9 hrs 22 mins	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clomer G. Phillips			d. STREET ADDRESS (If rural, give location) 3109 Rolla Place		
3. NAME OF DECEASED (Type or Print) a. (First) Claudette b. (Middle) c. (Last) Glasper			4. DATE OF DEATH (Month) (Day) (Year) 8 13 52		
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 8-12-52		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 IF UNDER 12 Mths. Days 9 Hours 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
13a. FATHER'S NAME Charles Glasper		13b. MOTHER'S MAIDEN NAME Flora Lambert		14. NAME OF HUSBAND OR WIFE	
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 Mary B. Jett		ADDRESS 2601 N. Whittier
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) Premature birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION,				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 776X		
22. I hereby certify that I attended the deceased from 8-12-1952 to 8-13-1952 , that I last saw the deceased alive on 8-13-1952 , and that death occurred at 10:10 a.m. from the causes and on the date stated above.					
23a. SIGNATURE W. H. Tucker (Degree or title)			23b. ADDRESS Romer Phillips Hospital		23c. DATE SIGNED 9-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-30-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL RES. SEP 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL HOME'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.	

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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 _____

Licensed Embalmer No. _____

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.