

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14581**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3662**

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</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2231<sup>st</sup> Biddle St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>2231 Biddle</b>			

3. NAME OF DECEASED (Type or Print) <b>CECELIA GLASPER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-8-56</b>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 29, 1896 59 YRS 9, 27</b>
9. AGE (In years last birthday) Months Days		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>JAMESTOWN TENNESSEE</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>Bedford Holmes</b>	13b. MOTHER'S MAIDEN NAME <b>Rosie Lee Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>ERNEST GLASPER</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest Glasper 2231 Biddle St.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>One wk</b>
	ANTECEDENT CAUSES <b>Hypertensive cardio-vascular disease</b>		6 months
	DUE TO (b) <b>Hypertensive Cardiovascular Ill.</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 <b>420.1</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **10/4/1955**, to **4/8, 1956**, that I last saw the deceased alive on **4/8, 1956**, and that death occurred at **7:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Parker H. Word M.D.</b>	(Degree or title)	23b. ADDRESS <b>4332<sup>nd</sup> Easton</b>	23c. DATE SIGNED <b>4/9/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-10-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PORTAGEVILLE</b>	24d. LOCATION (City, town, or county) (State) <b>MO</b>

DATE REC'D BY LOCAL REG. <b>APR 12 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.F. WALTON 2707 STODDARD ST</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *W. Claude Gordon*.....

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.