

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

*Ha 3647*  
**1834**

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City St. Louis

Registration District No. 399  
Primary Registration District No. 1-1002

File No. 1834  
Registered No. 127  
St. 127 Ward)

**2. FULL NAME**

Jessie E. Glass

(a) Residence No. 2901 Front St., 4 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 0 14 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

10. NAME OF FATHER J. M. McGuire

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Mary Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

14. INFORMANT Arthur Glass  
(Address) 2901 Front

15. FILED 1-25-29 M. M. Crowe REGISTRAR  
Back

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 28, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at 5 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis sub. acute

11/13/28 11/13 4:30 (duration) yrs. mos. 40 da.

CONTRIBUTORY (SECONDARY) Influenza  
40 days ago (duration) yrs. mos. 7 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. P. Kiepiner M. D.

1/28, 1929 (Address) 2322 Summit

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mr. Moriah Jan 1, 1929

20. UNDERTAKER ADDRESS

Mr. C. L. Foster City

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

