

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

Do not use this space.

25083

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. City Infirmary)

File No.

Registered No. 7279

St.

Ward)

2. FULL NAME Edward Glennish

(a) Residence. No. No Home St., 13 Ward.
(Usual place of abode)

St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know 1858

7. AGE

Abt. 72

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Laborer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Pat Glennish

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Bridget Spelman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Miss E. J. ... 5800 ... St.

15.

FILED

21 1930

19

REGISTRAR

Max C. ...

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16.

DATE OF DEATH (MONTH, DAY AND YEAR)

July 20 1930

17.

HEREBY CERTIFY, That I attended deceased from July 1 1930 to July 20 1930 that I last saw him alive on July 20 1930 and that death occurred, on the date stated above, at 9:20 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic myocarditis
93C
97

(duration) yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. ... M. D.

7-21, 1930 (Address) 5600 ...

*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

Calvary Cemetery July 21, 1930

20. UNDERTAKER

ADDRESS

W. ... & Co 2842 ...

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.

