

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

Do not use this space.

3262

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City Saint Louis (No. 4111), Magnolia

File No. ....  
Registered No. 481  
St. .... Ward)

2. FULL NAME Margaret Glen

(a) Residence. No. 4111 Magnolia St., 17 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 12 1848</u>		
7. AGE <u>82</u> YEARS	MONTHS <u>1</u>	DAYS <u>29</u>
IF LESS than 1 day, .... hrs. or .... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer <u>Bd of Education</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Hamilton Ontario</u> (STATE OR COUNTRY) <u>Canada</u>		
PARENTS	10. NAME OF FATHER <u>Andrew James Glen</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
	12. MAIDEN NAME OF MOTHER <u>Mary Freeman</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11<sup>th</sup> 1931  
17. I HEREBY CERTIFY, That I attended deceased from Jan. 7<sup>th</sup> 1931, to Jan. 11<sup>th</sup> 1931, that I last saw h. & c. alive on Jan. 11<sup>th</sup> 1931, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
106A  
97  
Arterio-sclerosis (duration) Several yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Pneumo bronchitis non Tubercular (duration) — yrs. — mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 106A  
DID AN OPERATION PRECEDE DEATH? DATE OF —  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G. M. Schwick M. D.  
Jan. 12<sup>th</sup> 1931 (Address) 2327 So. 12<sup>th</sup> St.

\*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.

14. INFORMANT Miss Helen M. Glen  
(Address) 4111 Magnolia av  
15. Jan 12 1931 FILED  
Mar C. Parker REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Alton, Ill. DATE OF BURIAL Jan 13 1931  
20. UNDERTAKER Wagoner ADDRESS 3621 Glen

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

