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.

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

Do not use this space.

24682

File No. 6827

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 5003

City St. Louis (No. 5190 Raymond St. ..... Ward)

2. FULL NAME Capt. Wm. Gleason GLEASON.

(a) Residence, No. 5190. RAYMOND 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 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, Fireman 181

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Fire Dept.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

FATHER

13. NAME Micheal Gleason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Ann Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Naomi Gleason 5190 Raymond

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Calvary Cem. DATE 7-25 1932

19. UNDERTAKER (ADDRESS) Alexander and Sons 6155 Delmar

20. FILED JUL 23 1932 19 [signature] Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to July 21st, 1932
I last saw him alive on July 21st, 1932. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Heat Exhaustion. — Date of onset July 16th 32
92 A
191 — 191
500

Other contributory causes of importance:
acute myocarditis. — July 19th 32

Name of operation None Date of
What test confirmed diagnosis? Temp. Front Sand Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Scott Hauer M.D., M. D.
(Address) 1106 Mo. Bldg. St. Louis, Mo.