

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

Do not use this space.

24984

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **100B**
City **St. Louis Mo** (No. **5322 Saroy Court**) St. Ward)

File No.
Registered No. **6401**
St. Ward)

2. FULL NAME *Theresa Lee Glover*

(a) Residence, No. **5322 Saroy Court** St. **17** Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Grant Glover		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1870		
7. AGE YEARS 63	MONTHS 5	DAYS 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
13. NAME Wm. A. Beazley		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England		
15. MAIDEN NAME Helen Quinn		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Grant Glover (ADDRESS) 5322 Saroy Court		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany Court DATE 7-25 19 33		
19. UNDERTAKER Mullen Undertaking Co (ADDRESS) 5165 Delmar Blvd		
20. FILED L-1-300 19 33 J. F. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22 1933**

22. I HEREBY CERTIFY That I attended deceased from **Jan 15 1933** to **July 27 1933**
I last saw her alive on **July 22 1933** Death is said to have occurred on the date stated above, at **10:50 p.m.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum Date of onset **3**
A. D.

Other contributory causes of importance:

Name of operation **Exploratory** Date of **1931**
What test confirmed diagnosis? Was there an autopsy?

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 **John G. McJannet**, M. D.
(Signed) **John G. McJannet**
(Address) **4135 N. Grand**

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.

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WHITE (PLAIN); WITH WRAPPING MATERIAL THIS IS A PERMANENT RECORD

McDermott
Mansions & Ltd. Co.
in Des. Eckle. 1917