

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

Do not use this space.

10424

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, (No. 2749 Keokuk St.).....

File No.....
Registered No. 2230
St. Ward.....

2. FULL NAME

James Glynn
(a) Residence, No. 2749 Keokuk St. St. 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1858.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 -6 -29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anheuser-Busch.
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) Ireland.

13. NAME Patrick Glynn.

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

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) James G. Glynn
2749 Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar. 5, 1934!

19. UNDERTAKER (ADDRESS) J. N. Sebke & Co.
2842 Lemerac St.

20. FILED J. D. Brodeur

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Mar. 3, 1934
I last saw him alive on Mar 1, 1934. Death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Arteriosclerosis
Other contributory causes of importance: 930
97
930

Name of operation..... Date of.....
What test confirmed diagnosis? Physical, X-rays Was there an autopsy? No

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?.....
If so, specify.....
(Signed) Ray J. Schubert M. D.
(Address) 2800 E. Chippewa St.

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.

WHITE PAPER, WITH IMPRINTING THEREON—THIS IS A PERMANENT RECORD

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