

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

Do not use this space.

**AUG 9 1935**

**25062**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1008**

Registered No. **6516**

City **St. Louis** (No. **Mc Paul Hospital**)

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5123 Lexington St.** Ward. **6**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mortimer J. Gleason**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **19-13-1865**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....
<b>69</b>	<b>10</b>	<b>15</b>		hrs. or min.

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 **Charles Robert**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Louise Weber**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **M. J. Gleason** (ADDRESS) **5123 Lexington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **7-31** 19**35**

19. UNDERTAKER **Bonsiet-Nichaus** (ADDRESS) **1138 N. 6th**

20. FILED **J. Briedeck** Registrar.

**JUL 30 1935**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-28**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **april 30** to **July 28**, 19**35**

I last saw him alive on **July 25**, 19**35**. Death is said to have occurred on the date stated above, at **5:45 P.M.**

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

**Labour Hypostatic pneumonia What last takes**

Other contributory causes of importance: **Coronary Disease**

Date of onset
<b>July 26</b>
<b>35</b>
<b>april 30</b>
<b>35</b>

Name of operation..... Date of.....

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) **Oliver Chel**, M. D.

(Address) **371 West...**

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.

1877

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