

AUG 23 1935

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

Do not use this space.

25218

1. PLACE OF DEATH

County St. Louis

Township

City University CityRegistration District No. 1160Primary Registration District No. 4470

File No.

Registered No. 75(No. Old Garden Theatre Grounds St. Midland and Olive St. Rd. Ward)2. FULL NAME Gladys M. Jacques(a) Residence, No. 724 Clara Ave., St. Ward.

(Usual place of abode)

(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

Female

4. COLOR OR RACE

White

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

Divorced

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

Divorced

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

2/3/1909

7. AGE

26

YEARS

5

MONTHS

4

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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.

St. Louis City Hosp

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)

Ill

MOTHER

13. NAME William Deal

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

Ill15. MAIDEN NAME Mary J. Allen

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

N. Y.

17. INFORMANT (ADDRESS)

Mary Wambach
6282 Northwood Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. CarmelDATE 7/9/35

19. UNDERTAKER (ADDRESS)

Robert J. Calkins
6633 Clayton Road

20. FILED

July 8, 1935 Lena V. Moeller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 9 A m.

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

Felo De Ce, Carbon-monoxide-gas poisoning, from history was under mental aborations at the city hospital on two or three occasions where she was confined from history for six or seven days at a time. Rented car and drove out in the Old Garden Theatre grounds under the grand stand, fixed

Name of operation Coroner's view Date ofWhat test confirmed diagnosis? 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 7/7/35, 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 7/8/35(Signed) J. B. Turner, M. D.(Address) 311 Jennings St.Coroner's Office, St. Louis, Mo.

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.

tubing around front right window
closed window up against tubing to
hold in fixed position, closed car
tight otherwise , turned on machine
and sat there until car used up
gas . Was found the following morning
by University City police, sitting
in car behind wheel.