

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

Do not use this space.

NOV 2 1935

31320

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis MO** (No. ....)

**Sanatorium** St. .... Ward)

File No. ....

**8156**

Registered No. ....

**2. FULL NAME**

**Fred Gleis**

(a) Residence, No. **1610 So 3rd St.** St. **23** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **31** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 22 1884**

7. AGE YEARS **51** MONTHS **5** DAYS **25** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Labourer**

10. Date deceased last worked at this occupation (month and year) **Mar 23** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Illinois**

13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Illinois**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Illinois**

17. INFORMANT **Henry C. Allen M.D.** (ADDRESS) **530 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **9-21** 1935

19. UNDERTAKER **Walter Richter** (ADDRESS) **3500 Butler St**

20. FILED **St. Louis** 19 **35** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 16**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **July 1**, 19**34**, to **Sept 16**, 19**35**

I last saw him alive on **Sept 16**, 19**35** Death is said to have occurred on the date stated above, at **1:25 P.M.**

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

**Arteriosclerosis and hypertension** Date of onset **7/1/34**

Other contributory causes of importance: **131**

Name of operation **the nephrectomy** Date of operation **9/15/35**

What test confirmed diagnosis? **clinical** 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) **Henry C. Allen**, M. D.

(Address) **530 Arsenal**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCCUPATION  
FATHER  
MOTHER

SEP 27 1935

