

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1000**

City St. Louis Mo. (No. ....)

Ward Sanitatum

File No. ....

41993

Registered No. ....

85

St. .... Ward)

2. FULL NAME Ella Gladish

(a) Residence, No. 4666 Evans St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H. Gladish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29 1859</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>		
10. Date deceased last worked at this occupation (month and year) <u>about 1930</u>		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown Missouri

13. NAME  
Snow

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

15. MAIDEN NAME  
Unknown

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

17. INFORMANT (ADDRESS)  
Wesley A. Appel 45 5300 Delwood St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Pickers DATE Jan 3 36

19. UNDERTAKER (ADDRESS)  
Ziegenheln Bros 2623 Cherokee St

20. FILED JAN 13 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 31 19 35

22. I HEREBY CERTIFY, That I attended deceased from 12 - 23 19 35 to 12 - 31 19 35  
I last saw her alive on 12 - 31 19 35 Death is said to have occurred on the date stated above, at 2:25 P. m.

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

Chronic myocarditis  
Cerebral Embolism

Date of onset 1935+  
12-31-35

Other contributory causes of importance:  
Art. Sclerosis

1935+

Name of operation..... Date of.....  
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?  
If so, specify.....

(Signed) Wesley A. Appel M. D.  
(Address) 5300 Delwood

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.

