

AUG 28 1936

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

Do not use this space.

791
1003

29116

File No. 7892
Registered No. St. Ward)

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5129 Wabada Ave)

2. FULL NAME John J. Glynn

(a) Residence, No. St. 6 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mayme Glynn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16, 1874</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>8</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale Grocer</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME John Glynn

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

15. MAIDEN NAME Mary Slattery

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

17. INFORMANT Mrs Mayme Glynn (ADDRESS) 5129 Wabada Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 7-27 1936

19. UNDERTAKER R.V.H. & S. DONNELLY (ADDRESS) 3840 LINDELL BLVD

20. FILED J. Bredeck 19. 7-25 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 - 1935 to July 24 - 1936
I last saw him alive on July 24 5P. 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of the heart. Date of onset

Other contributory causes of importance:
Mitral Insufficiency
Myocarditis
Nephritis
Chorea

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? no
If so, specify
(Signed) J.P. Murphy M. D.
(Address) 2616 E. Knighthighway

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.

JUL 25 1936

Dr. J. V. Murphy

2616 - N. Kensington

77 Ave