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.

JAN 10 1937

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

Do not use this space.

46759

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ST. MARY'S INFIRMARY St. ..... Ward)

File No. .....

Registered No. 12571

2. FULL NAME Christine Gleghorn

(a) Residence, No. 4214 W. Cook 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 10 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 1868

7. AGE: YEARS 68 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Mo

FATHER

13. NAME: Thomas Ballard

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

MOTHER

15. MAIDEN NAME: Huretta Vanerbel

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

17. INFORMANT (ADDRESS): Roy Durrall, E. St. Louis Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE: EAST ST. LOUIS ILL DATE: 12/23 1936

19. UNDERTAKER (ADDRESS): R. M. C. GREEN, 3517 LACLEDE AVE

20. FILED: DEC 22 1936 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1936, to December 19, 1936

I last saw her alive on December 19, 1936. Death is said to have occurred on the date stated above, at 2:40A m.

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

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? Phys. Exam. 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? No

If so, specify .....

(Signed) A. E. Aythewood, Jr., M. D.

(Address) St. Mary's Infirmary, St. Louis, Mo.