

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.

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

Do not use this space.

1. PLACE OF DEATH

96 County .....  
30 Township .....  
34 City St. Louis (No. ....)

FEB 8 1937 791  
Registration District No. ....  
Primary Registration District No. 1003  
5036 Ridge St. ....

3874  
File No. ....  
Registered No. 913  
Ward) .....

2. FULL NAME

John Garland Glaze

(a) Residence, No. 5036 Ridge St., 6 Ward.  
(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 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 EVA Glaze  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 11 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liggert-Meyer Co.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Mo

MOTHER 13. NAME John Glaze

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

15. MAIDEN NAME Katherine Green

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

17. INFORMANT EVA Glaze (ADDRESS) 5036 Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Jan 22 1937

19. UNDERTAKER Bredemann - Marshall (ADDRESS) 1905 Union Blvd.

20. FILED JAN 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937, to Jan 20, 1937  
I first saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 6:30 A. m.

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

Date of onset .....  
arterio-sclerosis hypertension  
1931 1931  
Other contributory causes of importance: hypertensive choroid chronic  
arterio-sclerosis 2 deg.  
Cerebral hemorrhage 4 deg.

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 Whitson Hall M. D.  
(Signed) .....  
(Address) 1625 Lower Fun

1627 Tower Grove  
8-9 AM 1-3 PM. 6-7 PM.

CT-1082