

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

Do not use this space.

**JUL 8 - 1937**

**791**

**22403**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **City Hospital No. 1**)

**1008**

File No.....

Registered No.....

**6155**

St. .... Ward)

**C. 4001**

**2. FULL NAME**

**Bessie Glasnier**

(a) Residence, No. **915 Aubert** St., **12** Ward.

(Usual place of abode)

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) **widowed**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **6/24/37**, 19

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

**22. I HEREBY CERTIFY, That I attended deceased from** **6/22/37**, 19, to **6/24/37**, 19.

I last saw her alive on **6/24/37**, 19. Death is said

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **Oct 30. 1869**

to have occurred on the date stated above, at **11. na**

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**67** **7** **24**

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

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

Date of onset

*Bronchitis pneumonia  
 Bronchial Asthma*

Other contributory causes of importance:

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **St. Louis, Missouri**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **hb**

**13. NAME** **James Wilders**  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Irel and**

**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)

**15. MAIDEN NAME** **Mary Earley**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Ireland**

Specify whether injury occurred in industry, in home, or in public place.

**17. INFORMANT** **Hosp. Info. M. Kent**  
 (ADDRESS)

Manner of injury.....  
 Nature of injury.....

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **Calvary Cem.** DATE **June 26, 1937**

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify.....

**19. UNDERTAKER** **Arthur J. Donnelly Undt. Co.**  
 (ADDRESS) **3840 Lindell Blvd.**

(Signed) *Chas. Hanss*, M. D.

**20. FILED** **JUN 25 1937** *J. Bredeck*  
 Registrar.

(Address) **City Hospital No. 1**

WRITE CLEARLY 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.

