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

36214
Do not use this space.

791

1. PLACE OF DEATH
(a) County NOV 15 1937 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 9791
(c) City ST. LOUIS - (d) Street No. JEWISH HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HARRIETT GLEASON SCHADE
(a) Residence, No. NAT'L BRIDGE + BROWN Rd St. NR Robertson, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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: WILFRED SCHADE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 9-1873-

7. AGE: YEARS 64. MONTHS 7 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: AT HOME
9. Industry or business in which work was done, as 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): ST. LOUIS MISSOURI

FATHER
13. NAME: CHARLES H. GLEASON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW YORK NEW YORK

MOTHER
15. MAIDEN NAME: ELIZA MILLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MEMPHIS TENN

17. INFORMANT (ADDRESS): CARLISLE SCHADE NAT'L BRIDGE + BROWN RD

18. BURIAL, CREMATION, OR REMOVAL
PLACE: VALHALLA Cem DATE: OCT 21 1937

19. FUNERAL DIRECTOR (ADDRESS): C. R. LUPTON + SONS 4449 OLIVE ST.

20. FILED: OCT 21 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37, 19..., to 10/21/37, 19...
I last saw her alive on 10/21/37, 19... Death is said to have occurred on the date stated above, at 12 45P m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset

46C

Other contributory causes of importance:
Carcinoma Iliac colon
Generalized Peritonitis

Name of operation: Carcostomy Date of: 10/15/37
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) E. O. Master, M. D.
(Address) 3720 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

Madison [illegible]
5136 Westminster

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton Jr, Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C.R. Lupton Jr

Licensed Embalmer No. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)