

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

39945

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 5716 Etzel Ave. Registered No. 10932
 (e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME John T. Gleason

(a) Residence, No. 5716 Etzel Ave. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Catherine Gleason
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. U.S. Gov't.
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 14

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

FATHER 13. NAME John Gleason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen Keidy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Catherine Gleason
 (ADDRESS) 5716 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/29/37

19. FUNERAL DIRECTOR Cullen & Kelly
 (ADDRESS) 1416 N. Taylor Ave.

20. FILED Nov 26 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Nov 25, 1937
 I last saw him alive on Nov 25, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial failure
Probably degenerative heart disease
 Date of onset March

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

28. 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) Delavan Perkins, M. D.
 (Address) 2303 N. Kingshighway

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.

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STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

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