

JAN 24 1938

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

46685  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789  
(b) Township Central Primary Registration District No. 6033B Registered No. 355  
(c) City Wellston (d) Street No. 6441 Wellsmar 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 Rolla Glesson

(a) Residence, No. 6441 Wellsmar St.  (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 Mary Glesson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1855  
7. AGE YEARS 82 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired basket maker.  
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 2 1/2

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

13. NAME Geo. Glesson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Elizabeth Elliot.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mary Glesson  
(ADDRESS) 6441 Wellsmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 12-24-37

19. FUNERAL DIRECTOR Bensiek-Niehaus  
(ADDRESS) 1108 N. 6th Street,

20. FILED 12-24-37 Ada Boehmer  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1937, to 12/24, 1937.  
I last saw him alive on 12/21, 1937. Death is said to have occurred on the date stated above, at 2a m.  
The principal cause of death and related causes of importance were as follows:

Hypertolic Pneumonia Date of onset 1/20  
Coronary Artery  
Other contributory causes of importance: Coronary Artery 12/15

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? No  
If so, specify Heart Disease M. D.  
(Address) 6310 W. Elmwood

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.

Business  
6121 Canton  
and St. Louis

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

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

..... L. E. ....

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

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No. 3973

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.)