

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12788

Do not use this space.

DEC'D MAY 10 1938

791  
1008

3392

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 1008  
 (b) Township Primary Registration District No. Registered No. 3392  
 (c) City ST. LOUIS (d) Street No. SAINT LUKES 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 MARY F. GLISSON 425

(a) Residence, No. BRINBRIDGE GR St. NR  
 (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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EBB B. GLISSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 5-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
 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) FLORIDA13. NAME SETH FIELDS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAROLINA15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT F. L. GLISSON  
(ADDRESS) 5572 CLEMENS AVE18. BURIAL, CREMATION, OR REMOVAL PLACE BAINBRIDGE GR. DATE APRIL 11 193819. FUNERAL DIRECTOR C. R. LUPTON SONS  
(ADDRESS) 4449 OLIVE ST20. FILED APR 11 1938 J. F. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-193822. I HEREBY CERTIFY, That I attended deceased from 3/19, 1938, to 4-10-, 1938I last saw him alive on 4/10-, 1938. Death is saidto have occurred on the date stated above, at 6 P. m.

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

myocardial chronic  
renal  
arterio sclerosis and  
senility

Date of onset

Other contributory causes of importance

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 \_\_\_\_\_(Signed) C. W. B. Smith, M. D.  
(Address) 4500 Olive St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

I X12004

5427  
Feb 03 1921  
Belmont

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton, Licensed Embalmer No. 2123  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

..... L. E. ....  
No. 2901 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed C. R. Lupton  
Licensed Embalmer No. 2123

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.)