

REC'D JUL 20 1938

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

Do not use this space.

21823

1. PLACE OF DEATH

County SPRINGFIELD
Township ROARK
City ST. LOUIS (No. 1)

Registration District No. 303
Primary Registration District No. 5420

File No. 21823
Registered No. 240 Ward 240

2. FULL NAME

IRMA W. H. ALMENH. E. GLEY

(a) Residence, No. 240 St. 240 Ward 240

(Usual place of abode)
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

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 Rudolph E. Gley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 19-1866

7. AGE YEARS 71 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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 -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STONY HILL MO

FATHER 13. NAME HENRY VON BEHREND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME NEE BRAUTIGAM

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Alvin E. Gley (ADDRESS) NEW HAVEN 1170

18. BURIAL, CREMATION, OR REMOVAL PLACE STONY HILL MO DATE JUNE 4 1938

19. UNDERTAKER HERMAN BLUMER (ADDRESS) DEER

20. FILED 3 19 38 Amiah Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 1 1938

22. I HEREBY CERTIFY, that I attended deceased from May 6 1938, to June 1 1938. I last saw him alive on May 31 1938. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Left side Hemiplegia Date of onset May 6 1938
54

Other contributory causes of importance: Chronic Diabetes mellitus

Name of operation Physical Date of -

What test confirmed diagnosis? Physical 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 -

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) John Engelbrecht, M. D. (Address) Stony Hill, Mo.

