

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.

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township
City St. Joseph

Registration District No. 85

Primary Registration District No. 1001
2504 Sylvania

File No. 31763

Registered No. 970

St. Ward

2. FULL NAME Mary A. Glenski

(a) Residence, No. 2504 Sylvania St.

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? 50 yrs. - mos. - ds. (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 Frank J. Glenski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Lassen, Germany

13. NAME 2 Liedkiewicz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

15. MAIDEN NAME Mary Mayers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

17. INFORMANT Mrs. Mary Hess (ADDRESS) 504 Sylvania Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery St. Joseph, Mo. DATE Sept. 21, 1938

19. UNDERTAKER H. O. Sidenfaden and Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Sept 19 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Sept 19, 1938, 1938. I first saw him or her alive on Sept 19, 1938, 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

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

*Pericarditis Acute
Chronic nephritis
Ending in uraemia
Coma* Date of onset: 3619/38

Other contributory causes of importance:

General debility

Name of operation: Date of operation:

What test confirmed diagnosis? *Microscopic examination of tissues*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1938.

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) J. H. Thompson M. D.

(Address) 825 Charles St.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028,

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My-self

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

(Signed) Robert P. Clarkson

Licensed Embalmer No. 4028

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)