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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8838

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2321

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. //
(If outside city or town limits, write "RURAL")

(d) Street No. 3664 Page Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah Gleason

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) 1865 (Year)

8. AGE: Years 75 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Not Employed

11. Industry or business

FATHER
12. Name Dennis Gleason
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Keeshan
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant J. G. Gleason
(b) Address 6114 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 9 1940 (Date received local registrar) (b) J. F. Bachrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, year 1940 hour 12:55 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1940, to March 7, 1940; that I last saw her alive on March 7, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	years
Due to Arteriosclerosis	years
Hypertension	years
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)
Address 1515 Lafayette, Date signed 3/7/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed, Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.