S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25861

FILED SEP 4 1942

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7222

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4mos. 16dys. (Specify whether In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 9

(c) City or town St. Louis 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3620 Phillips Pl. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Leo J. Gleason

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife single

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

7. Birth date of deceased August 13, 1903 (Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Accountant

11. Industry or business

FATHER
12. Name William Gleason
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Agnes Gleason (Nugent)
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant L. Deggendorf

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) AUG 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1942 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-42, 19, to 8-28-42, 19; that I last saw him alive on 8-28-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Paresis (Onset 4-13-42x). Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 0

23. Signature J. R. Riddleman (M. D. or other)

Address Date signed 8-28-42

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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, fact should be so stated above.