

FILED APR 7 1943

Registration District No. 21

Primary Registration District No. 3012

Registrar's No. 234

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Charles Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Shars Convalescent Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution, 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Crick
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LEDNA LOUISA GLEASON

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month March day 2nd
 year 1943 hour 6 minute 0 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow

21. I hereby certify that I attended the deceased from Jan. 1 - 1943
 that I last saw her alive on July - 20, 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 10, 1857
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
 Due to Arterial Sclerosis

8. AGE: Years 85 Months 10 Days 22
 If less than one day _____ hr. _____ min.

Due to old age + po
 Other conditions ✓ 940
(include pregnancy within 3 months of death)

9. Birthplace Charlestown, Col. Co. Ill.
(City, town or county) (State or foreign country)

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

10. Usual occupation house wif
 11. Industry or business None

MOTHER FATHER
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Institution Records
 (b) Address Removal
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Richmond Mo.

While at work? ✓ (Specify type of place) _____
 (e) Means of injury Stroke
 23. Signature John J. Trace, M.D.
 Address St. Charles Springs, Mo. Date signed 3/2/43

18. (a) Signature of funeral director J. B. Brothers
 (b) Address Richmond, Mo.
 19. (a) 3-2-43 (Date received local registrar) Mrs. Sarah Redman (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-5-43

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 J. B. Brathers
Licensed Embalmer No. 2001
P. O. Address Richmond, 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.