S. No. 2
M—9-4-41
v. 5-17-39
I X20

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12165

FILED MAY 12 1943

Registration District No. 18

Primary Registration District No. 1004

Registrar's No. 4083

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5217 Theodosia Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15yrs.
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. 5217 Theodosia Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Ellen Glickert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank T

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov 8th. 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	22	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Michael Dillon
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Margaret McGuire
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Leo Glickert
(b) Address 6707 Bartmer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Undertaker Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) MAY 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1943 hour 2:15 AM minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to April 30, 1943 that I last saw her alive on April 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio vascular renal disease	5 yrs
Due to Arterio sclerosis	5 yrs
Due to	
Other conditions Hemiplegia and Parkinson Syndrome (Include pregnancy within 3 months of death)	5 yrs

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 0

23. Signature R. Emmerdane (M. D. or other)

Address 1117 N. Grand Date signed 4/30/43

(Licensed Embalmer's Statement on Reverse Side)

844

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.