

23013

S. No. 2
DM-542
y. 5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 6979

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Firmin Desloge Hospital
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town S. t. Louis
(d) Street No. 5030 Page Av.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Gleason, Mary Alice
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
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 January 6th, 1879

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 1
year 43 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from 7-24, 1943 to 8-1, 1943
that I last saw her alive on 8-1, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 6 25 _____ hr. _____ min.

Immediate cause of death Metastatic Carcinoma of liver
Due to Adenocarcinoma of Rectum
Other conditions (include pregnancy within 6 months of death) H/O

9. Birthplace Kansas City, Mo.
10. Usual occupation Nil

Due to Primary site Rectum
Major findings: Of operations _____
Of autopsy Same as above

11. Industry or business _____
12. Name Edward P. Gleason
13. Birthplace Milwaukee
14. Maiden name Jane Hogan
15. Birthplace Canada

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

16. (a) Informant Mrs. Margaret Brady
(b) Address 5030 Page Ave.
17. (a) Burial (b) Date thereof 8/3/43
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid Av.
19. (a) AUG 2 1943 (b) J. F. Brusch

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm. C. MacDonald (M. D. ~~attending~~)
Address 1375 S. Grand Date signed 8/2/43

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

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.