

V. S. No. 2
FORM-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31733

State File No. _____

FILED SEP 18 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1895

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town CLAXTON

(c) Name of hospital or institution: St. Louis County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution: 1 day
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 915

(c) City or town Ellisville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Gleason

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 19, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 1 25 hr. min.

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

10. Usual occupation Rolling Mill

11. Industry or business Retired

12. Name Michael Gleason 4

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Roff

15. Birthplace At Sea X
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona J. Meyer

(b) Address Edwardsville, Illinois

17. (a) Burial (b) Date thereof 9/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 15 1944 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1944 hour 9:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 7-13
1944, 19____ to 9/12, 1944
that I last saw hu alive on 9/13/1944, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease

Due to _____

Due to _____

Other conditions Anemia secondary to drug
(Include pregnancy within 3 months of death)

Major findings: unknown

Of operations _____

Of autopsy 93d

Duration _____

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 John Nedreusser (M. D. or other) MD

Address 601. Brentwood Date signed 9-11-44

(Licensed Embalmer's Statement on Reverse Side) Clyde Mc

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 William G. Buchholz
Licensed Embalmer No. 2110
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.