

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

61263
1384

FILED FEB 23 1951

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2139 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>13</u> <u>5400 Arsenal St.</u>							
3. NAME OF DECEASED (Type or Print) <u>NORA</u>		s. (First)		b. (Middle)		c. (Last) <u>GLEASON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1951</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>single</u>		8. DATE OF BIRTH <u>Feb. 8 1881</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		4		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Martin Gleason</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Woods</u>			14. NAME OF HUSBAND OR WIFE <u>single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Sheehan</u>						ADDRESS <u>4856 Farlin City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							INTERVAL BETWEEN ONSET AND DEATH <u>6 ds.</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H H 3 X</u>							
22. I hereby certify that I attended the deceased from <u>June 9</u> , 19 <u>47</u> to <u>Feb. 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 9</u> , 19 <u>51</u> , and that death occurred at <u>4:10 P.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>John Schlenker M.D.</u>				(Degree or title)		23b. ADDRESS <u>5400 Arsenal St.</u>		23c. DATE SIGNED <u>2/10/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>FEB 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Fun. Dir. 2849 N. Euclid City</u>						

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Robert L Brinkman

Licensed Embalmer No. *3553*

P. O. Address *St Louis*

[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.