

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30880**
Registrar's No. **8646**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHNS HOSPITAL** e. STREET ADDRESS (If rural, give location) **17 2035th MAURY**

3. NAME OF DECEASED (Type or Print) a. (First) **EDWARD** b. (Middle) _____ c. (Last) **GLEASON** 4. DATE OF DEATH (Month) (Day) (Year) **OCT 1 1955**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **AUG. 16 1885** 9. AGE (in years last birthday) **70** If UNDER 1 YEAR Months _____ Days _____ If UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED CONTRACTOR** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JOHN GLEASON** 13b. MOTHER'S MAIDEN NAME **MARY NUGENT** 14. NAME OF HUSBAND OR WIFE **VIOLA GLEASON**

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. **267-01-3944** 17. INFORMANT'S SIGNATURE OR NAME & ADDRESS **VIOLA GLEASON 2035 MAURY**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chc. Myelogenous Leukemia**
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **204:1** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-15**, 19**55**, to **10-1**, 19**55**, that I last saw the deceased alive on **10-15**, 19**55**, and that death occurred at **3:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE **Carl Smith MD** (Doctor of Medicine) 23b. ADDRESS **18 S. D. Highway** 23c. DATE SIGNED **10-3-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **OCT 5 1955** 24c. NAME OF CEMETERY OR CREMATOR **ST. PETERS CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS Mo.**

DATE REC'D BY LOCAL REG. **OCT 3 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas Kuter 2906 Gravois** ADDRESS **2906 Gravois**

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry C. Hill*.....
Student Embalmer No.....

Licensed Embalmer No. *436*
P. O. Address *2906 D*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.