No. 300
10.48

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

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30881

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7709

1. PLACE OF DEATH
a. COUNTY ——
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (In this place) 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5532 Washington Blvd. Pope's Cafeteria

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St.Louis
c. CITY OR TOWN Webster Groves
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 25 N Iola Drive

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGIA
b. (Middle) MINNIE
c. (Last) GLEASON

4. DATE OF DEATH (Month) (Day) (Year) 8-31-1955

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 1-20-1892
9. AGE (In years last birthday) 63 — 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) Shoe worker
10b. KIND OF BUSINESS OR INDUSTRY Brauer Bros
11. BIRTHPLACE (City and State or Foreign Country) Keokuk Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ----- Gleason
13b. MOTHER'S MAIDEN NAME Nancy Chase
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 497-03-0772
17. INFORMANT'S SIGNATURE OR NAME A.K.Brattin **ADDRESS** 22 Hamel Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Bundle Branch block — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

410 X

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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) None m.
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* 2-19-54, *19*___, *to* 8-22, *19*55, *that I last saw the deceased alive on* 8-22, *1955*, *and that death occurred at* 5:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 19 E. Lockwood Ave. Webster Groves (19) Mo.
23c. DATE SIGNED 9-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-3-1955
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Kirkwood Mo

DATE REC'D BY LOCAL REG. SEP 2 1955
REGISTRAR'S SIGNATURE J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich **ADDRESS** Webster Groves Mo.
MJB
(Licensed Embalmer's Statement on reverse side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 15 W Lockw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.