

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2737**  
Registrar's No. **597**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>2737</b>		Registrar's No. <b>597</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>31 St. Louis State Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2149 4976 Chippewa</b>							
3. NAME OF DECEASED (Type or Print) <b>Lucille T. Gleeson</b>			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>July 2, 1902</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Western Union Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>John Meier</b>				13b. MOTHER'S MAIDEN NAME <b>Theresa Neudecker</b>				14. NAME OF HUSBAND OR WIFE <b>Mark J. Gleeson - LATE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>489-07-4522</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marcia Lu Gleeson-3837 Utah Pl.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal pneumonia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Severe inanition and anemia</b> DUE TO (c) <b>Multiple sclerosis, advanced</b> II. OTHER SIGNIFICANT CONDITIONS <b>G. I. bleeding- undetermined origin</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>345X</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____	
22. I hereby certify that I attended the deceased from <b>January 23, 1953</b> , to <b>January 19, 1957</b> , that I last saw the deceased alive on <b>January 19, 1957</b> , and that death occurred at <b>10:15 am.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Lee Hefner M.D.</b> (Degree or title)						23b. ADDRESS <b>5400 Arsenal Street</b>			23c. DATE SIGNED <b>1-19-1957</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-22-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>JAN 21 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser-4228 S. Kingshighway Bl.</b>					

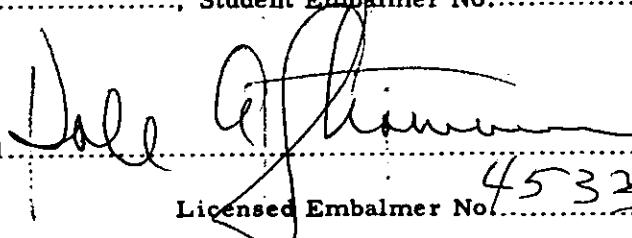
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

  
Licensed Embalmer No. 4532

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