

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8375-61-034355
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8375

~~FILED SEP 18 1961~~

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>58-yrs.</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF DECEASED (If not in hospital, give location of HOSPITAL OR INSTITUTION) <u>419 Gasconade St. Our Lady of Perpetual Help Home.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5039 Terry Ave.</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Gleason</u> Last <u>Gleason</u>			4. DATE OF DEATH Month <u>September</u> Day <u>7th</u> Year <u>1961</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/17/1879</u>	9. AGE (last birthday) <u>81</u>
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Bartholemew Carmody</u>	13b. MOTHER'S MAIDEN NAME <u>Unk. Healey</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel M. Gleason</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mr. Daniel J. Gleason, 2031 Maury Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis (Parkinson's Syndrome)</u>		<u>? 3yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <u>350 x</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>2:30 P</u> Month, Day, Year <u>May 14, 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>May 14, 1959</u> to <u>Sept. 7, 1961</u> and last saw her/him alive on <u>Sept. 1, 1961</u> Death occurred at <u>2:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph A. Sledge MD</u>	22b. ADDRESS <u>4145 a S. Grand Blvd.</u>	22c. DATE SIGNED <u>9.8.61</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>9/9/1961</u>	23d. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23e. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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24. GENERAL DIRECTOR ADDRESS <u>Arthur J. Nonnelly, 3840 Lindell Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 8 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 AFFIDAVIT OF
 ITEM NO. SHOULD READ

W. J. Durfee
FL. 3-7733

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Lind

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.