MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048980

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3759

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4044
2 4044a
3
4 1
5 0
6
7 0
8 2
9 260X
10
11
12 90.2
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Woodson Terrace, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9647 Harold, Dr.
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: St. Louis.
c. CITY OR TOWN: Woodson Terrace
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9647 Harold, Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ismay Middle: Hester Last: Gleeson

4. DATE OF DEATH: Month: December Day: 21 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/4/1896
9. AGE (last birthday): 63
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): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Elsberry, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Wesley Gleeson
13b. MOTHER'S MAIDEN NAME: Sarah Lou Elsberry
14. NAME OF HUSBAND OR WIFE: Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Hattie Taylor, 611 So. 8th, St. Address: Hannibal, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension; arteriosclerosis
DUE TO (c): diabetes mellitus
INTERVAL BETWEEN ONSET AND DEATH: 1 day
4 yrs
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 21, 1962, to ____ and last saw her/him alive on Dec. 21, 1962
Death occurred at 2:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. F. Snyder (Degree or title): J. F. SNYDER, DO
22b. ADDRESS: 9409 W. Milton, St. Louis 14, Mo.
22c. DATE SIGNED: 12/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-24-62
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri.

24. FUNERAL DIRECTOR: Smith Funeral Home, ADDRESS: Hannibal, Missouri.
25. DATE RECD. BY LOCAL REG.: 12-23-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(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 embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.