

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40791  
11426

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1000 Registered in \_\_\_\_\_  
 City St. Louis (No. Lutheran Hospital) \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Gleason  
 (a) Residence. No. 927 Morrison St. Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mabel Gleason</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 9-1884</u>			
7. AGE <u>46</u>	YEARS <u>8</u>	MONTHS <u>24</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House Painter</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Master</u> (c) Name of employer. <u>Dep. St. Louis</u>			
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
PARENTS	10. NAME OF FATHER <u>James Gleason</u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
	12. MAIDEN NAME OF MOTHER <u>Mary Cleary</u>		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1930, to Dec. 3, 1930  
 that I last saw him/her alive on Dec. 2, 1930, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac failure  
chronic myocarditis  
936

CONTRIBUTORY (SECONDARY) MI  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings & Post  
 (Signed) E. H. Payne, M. D.  
 , 19 (Address) San Eob. Hotel 124. 664

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mabel Gleason  
 (Address) 927 Morrison St.

15. FILED St. Louis, 1930  
 REGISTRAR W. E. Stanley

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Dec 6 1930

20. UNDERTAKER W. F. O'Connell ADDRESS 128 N. Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

