WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

APR 2 9 1935

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

Do not use this space.

791

14264

1003

3072

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3072

City St. Louis (No. Josephine Hospitial St. ..... Ward)

2. FULL NAME Roy E. Glaves

(a) Residence, No. 3224 Geyer St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~BROTHER OF~~ Ruth Glaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~October~~ Nov. 14-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27.	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un Employed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER

13. NAME James Glaves.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Virginia Sanders.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs Ruth Glaves.
(ADDRESS) 3224 Geyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredricktown Mo DATE April 6 1935

19. UNDERTAKER A.W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED APR -3 1935 J. H. Riedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to April 2nd, 1935.
I last saw him alive on April 2, 1935. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis	1/27/33
Pulmonary T B arrested	1/27/33
Other contributory causes of importance: Chronic Myocarditis	1/1/34

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury Sclerosis

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Stephen Vegeau, M. D.
(Address) 3202 Park