FILED APR 15 1940

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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9290

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2773

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)

In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4935 HIGHLAND AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME NICHLOS F. GLENNON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY GLENNON

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased AUG. (Month) 26 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	28	hr. min.

9. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)

10. Usual occupation ROAD BOSS

11. Industry or business PUBLIC SERVICE Co.

FATHER
12. Name THOMAS GLENNON
13. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name BRIDGET GILLIGAN
15. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Mary Glennon

(b) Address 4935 Highland ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 26 (Day) 40 (Year)

(c) Place: burial or cremation S.S. PETER + PAUL

18. (a) Signature of funeral director Lullen + Kelly

(b) Address 1416 N. Taylor ave.

19. (a) MAR 25 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23 year 1940 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from 12-13-38, 19..., to 3-23-, 1940 that I last saw him alive on 3-23-40, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3604 Washington Date signed 3-23-40

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

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 this body is not embalmed, above space should be left blank.