

**FILED** OCT - 14 1942 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **8138**

1. PLACE OF DEATH:

(a) County St. Louis  
(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. Louis City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2yr 11mo 12dys  
In this community 50 years. (Specify whether years, months or days)

3. (a) PRINT GLEASON, Thomas  
FULL NAME

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Kottenhoeffer 6. (c) Age of husband or wife if alive ???? years  
7. Birth date of deceased: \*Sept\* ????? 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 ???? ???? hr. \_\_\_\_\_ min.

9. Birthplace East St. Loius Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Gleason  
13. Birthplace Ireland 4  
1872 (State or foreign country)  
14. Maiden name Margaret Crawford  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant D. E. Basso  
(b) Address 5800 Arsenal, St. Louis, Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) Calvary Cemetery

18. (a) Signature of funeral director Edward Koch  
(b) Address 3576 N. 14th St.

19. (a) OCT 1 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 13  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1403 Farrar  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30  
year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease & Decompensation Duration \_\_\_\_\_

Due to 930 hr  
Due to \_\_\_\_\_

Other conditions Bronchopneumonia; generalised arteriosclerosis;  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy as given above 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature J. W. Maxwell (M. D. or other) \_\_\_\_\_  
Address 5800 Arsenal St. Date signed 10-1-42

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

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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.....

*Farry J. Schimacher*

Licensed Embalmer No.....

*2679*

P. O. Address.....

*732 Pennsylvania*

**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, fact should be so stated above.**