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FILED JUN 24 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22470

Registrar's No. 1309

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution;  
Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 8 days years, months or days)

3. (a) PRINT FULL NAME Frederick H. Gleyre

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Aug. 9, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 6 hr. min.

9. Birthplace Glasgow, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener

11. Industry or business

12. Name Henry G. Gleyre

13. Birthplace Canton Vaux Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda C. Kuhne

15. Birthplace Highland, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie M. Gleyre

(b) Address 7475 Amherst Pl.

17. (a) burial (b) Date thereof June 17, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Bl., St. Louis, Mo.

19. (a) JUN 19 1944 (b) E. J. McBaron, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 26  
(c) City or town Pacific 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No. (If No, or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from June 7  
1944, to June 15, 1944;

that I last saw him alive on June 13, 1944,  
and that death occurred on the 15 day and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to 93d

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 A. J. Morley (M. D. or other)

Address 3507 Potomac Date signed 6-15-44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 Joseph McCullough  
Licensed Embalmer No. 2468  
P. O. Address 6775 Pelma

**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.**