

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39354  
Registrar's No. 11921

FILED JAN 5 1945 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Firmin Desloge Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1282 Hamilton Blvd (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Gleeson

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased August 23, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	3	29	_____ hr. _____ min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name John Fitzgerald

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Thomas

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

16. (a) Informant Margaret E. McCann

(b) Address 1282 Hamilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 27 - 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Brewer

(b) Address 1225 Union Blvd

19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22th year 1944 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 12-10-44 to 12-22-44 that I last saw her alive on 12-22-44 and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-pneumonia  
Bacteriology undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 407  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations X

Of autopsy X

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 \_\_\_\_\_

Signature K. M. ... (M. D. of State) \_\_\_\_\_

Address 634 N. Grand Date signed 1/26/45

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

APR 8 1955

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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 *E. W. Wilkinson*  
Licensed Embalmer No. *3575*

P. O. Address.....

**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.**