S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29899

Registrar's No. 1774

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5132 Delmar Boulevard 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: GLEESON, Arthur
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 489019932
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Naomi Gleeson
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: 9/24/92 (Month) Sept. 24 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	10	23	hr. min.

9. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Driver (Truck)
11. Industry or business: Unknown

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar, Vet. Adm. Hosp.
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem.
18. (a) Signature of funeral director: C. Hoffmeister U & L Co.
(b) Address: 7814 So. Broadway, St. Louis, Mo.
19. (a) 8-18-47 (Date received local registrar) (b) Cecil A. Hoffmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from Aug. 8, 1947, 19..., to August 16, 1947, that I last saw him alive on Aug. 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas with massive pulmonary and mediastinal metastases	Unknown
Due to: — —	
Due to: — — 468	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: No operation	
Of autopsy: See cause of death	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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: 0
23. Signature: D. J. Abramson (M. D. or other) M.D.
Address: VAH, Jeff. Brks, Mo. Date signed: 8/15/47

Jefferson City Printing Co.

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S Broadway

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.