

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6221

BIRTH NO. 11501-54 FILED MAR 17 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1890

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>24 Days</u>	c. CITY OR TOWN <u>Berkeley</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>4446 Bridgedale Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Frances Gleason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 4, 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days <u>24</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work during the most of working life, even if retired) <u>Ninel</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Newton J. Gleason</u>		13b. MOTHER'S MAIDEN NAME <u>Martha M. Gay</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, most unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Newton J. Gleason, Berkeley, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Birth -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coarctation of Aorta, Infantile</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7544</u>
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22. I hereby certify that I attended the deceased from 2/4, 1954, to 2/28, 1954, that I last saw the deceased alive on 2/27, 1954, and that death occurred at 7:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernard Schwartzman M.D.</u>	23b. ADDRESS <u>4652 Maryland</u>	23c. DATE SIGNED <u>3/1/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE REC'D BY LOCAL REG. <u>MAR 1 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith, D.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapell, Ferguson, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

No Embalming
Signed *Eleanor Bourne*

Licensed Embalmer No. *348*

P. O. Address *Jessamine*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.