

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24576

318

1003

Registrar's No. 6701

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Enroute City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>14 4976 Chippewa St. 21490</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARK</u>		b. (Middle) <u>J.</u>		c. (Last) <u>GLEESON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1954</u>			
5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 18, 1893</u>			
9. AGE (In years last birthday) <u>60</u>		# UNDER 1 YEAR Months _____		# UNDER 2 HRS. Hours _____		# UNDER 2 HRS. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Dep't.-Western Union Tel. Co.</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? _____		13a. FATHER'S NAME <u>Patrick Gleeson</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget O'Connor</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Gleeson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marcia Gleeson</u>		ADDRESS <u>4976 Chippewa St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				DUE TO (b) <u>Heat exhaustion</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Accident</u>	
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 (Specify) <u>Accident</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>000 E9319</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1201</u> m., from the causes and on the date stated above. <u>46</u>									
23a. SIGNATURE <u>Patrick F. Taylor Caranta</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 20 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>					

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

Signed *Richard W. Storrs*.....

Licensed Embalmer No. *400*.....

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