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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15005

State File No. ....

FILED APR 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 906

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University City</u> ) |  | c. CITY OR TOWN <u>University City</u><br><u>4006</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>AB 25 yrs</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>8656 Old Bonhomme Rd.</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8656 Old Bonhomme Rd.</u>                        |  |   |   |

|                                     |                          |                       |                          |   |
|-------------------------------------|--------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOSEPH</u> | b. (Middle) <u>L.</u> | c. (Last) <u>GLEESON</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Apr. 2 1956</u> |
|-------------------------------------|--------------------------|-----------------------|--------------------------|---|

|                    |                               |   |  |   |   |   |
|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 16, 1890</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--|---|---|---|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Bookkeeper-Mill Stone Cont. 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? <u>U.S.A.</u> |
|---|-----------------------------------|--|--|

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|---|---|--|
| 13a. FATHER'S NAME <u>Patrick Gleeson</u> | 13b. MOTHER'S MAIDEN NAME <u>Bridget O'Conner</u> | 14. NAME OF HUSBAND OR WIFE <u>Mae 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>Charles McIntyre</u> | ADDRESS <u>919 Leewood-Web. Gr.</u> |
|---|--|---|-------------------------------------|

|  |  |  |  |              |
|--|--|--|--|--------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 years</u> |              |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio sclerosis</u> |  |  | <u>7 yrs</u> |
|  | DUE TO (c) <u>arterial hypertension</u>  |  |  |              |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><u>4201</u> |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Jan 15 to Mar 30, 1956, that I last saw the deceased alive on Mar 20, 1956, and that death occurred at 6:30 A.M. m., from the causes and on the day stated above.

|  |                                  |                                |
|--|----------------------------------|--------------------------------|
| 23a. SIGNATURE (Printed or typed name) <u>Herbert A. Douberand</u> | 23b. ADDRESS <u>508 N. Grand</u> | 23c. DATE SIGNED <u>4/3/56</u> |
|--|----------------------------------|--------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 5, 1956</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>4-3-56</u> | REGISTRAR'S SIGNATURE <u>Herbert A. Douberand</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> | ADDRESS <u>4228 S. Kingshighway Bl.</u> |
|--|---|--|---|

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

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

Student.....  
Signature of Student Embalmer

Signed *Richard W. Thomas*.....

Licensed Embalmer No. *40*.....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**