

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10018 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only)
 OR TOWN St. Louis
 Length of stay in 1b 58 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5057 Westminster Place
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY
 c. CITY OR TOWN St. Louis
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5057 Westminster Place
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Frank Younk GLADNEY

4. DATE OF DEATH Month Day Year
10 28 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 4-6-1877 9. AGE (last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
 10b. KIND OF BUSINESS OR INDUSTRY Grand-Barton Pepper
 11. BIRTHPLACE (City and state or country) Auburn, Missouri
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Gladney 13b. MOTHER'S MAIDEN NAME Annie Wilson
 14. NAME OF HUSBAND OR WIFE Katherine Graves Gladney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Mr. Graves Gladney, 1064 E. Linden

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Aplastic Anemia
 DUE TO (b) Carcinoma of stomach
 DUE TO (c) 151X
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH 4 yrs - 3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950 to 10-28-61 and last saw her alive on 10-28-61
 Death occurred at about 11 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Charles M. ... 22b. ADDRESS 1105 Central Clayton J Mo 22c. DATE SIGNED 10-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-30-1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. OCT 30 1961 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Cecil M. Charles

~~110 S. Central~~ 16 Sutzinger

PA 1-5511

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 J. Allen Davis

Licensed Embalmer No. 1053

P. O. Address Oct 28-196

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.