

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24682

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 5003
(No. 5190 Raymond)

File No.....
Registered No. 6827
St. Ward)

2. FULL NAME Capt. Wm. Gleason

(a) Residence, No. 5190, RAYMOND, St., 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naomi Gleason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	66	8	9	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Fire Dept.
10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation 18 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Micheal Gleason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ann Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Naomi Gleason
5190 Raymond

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial
Calvary Cem. DATE 7-25 1932

19. UNDERTAKER (ADDRESS) Alexander and Sons
6125 Delmar

20. FILED JUL 23 1932 Ray W. Carter Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to July 21st, 1932. I last saw him alive on July 21st, 1932. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Exhaustion. Date of onset July 16th
92 A 191 191 32
191 191 302
Other contributory causes of importance: acute myocarditis. July 17th

Name of operation none Date of Temp. 100.8
What test confirmed diagnosis? Temp. 100.8 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Scott J. Hauer M.D. M. D.
(Address) 1106 Mo. Bldg. St. Louis, Mo.