

FILED SEP 18 1944
318

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 7551

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5889 Romaine Place
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 1
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5889 Romaine place
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME JOHN GLEASON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 4
 year 1944 hour 1 minute 45 p. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mollie E. Gleason
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased July 18 Mo. 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3 yrs, 19 , to Present date, 1944, that I last saw him alive on Sept 1, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 1 Days 17
If less than one day hr. min.

Immediate cause of death Inferior's 7 age
 Due to

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Due to
 Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Retired City Fireman
 11. Industry or business Metropolitan F. D.

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Michael Gleason
 13. Birthplace Limerick County Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Day
 15. Birthplace Limerick County Ireland
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mollie E. Gleason
 (b) Address 5889 Romaine pl., St. Louis, Mo.
 17. (a) Burial (b) Date thereof Sept. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

23. Signature (M. D. or other)
 Address Date signed

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(Specify type of place)
 (b) Address 6464 Chippewa St., St. Louis, Mo.
 19. (a) SEP 5 1944 (b)
(Date received local registrar) (Registrar's signature)