

NOV 15 1937

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

36238
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1008**

(c) City **St. Louis.** (d) Street No. **St. Anthony Hospital** Registered No. **9815**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

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

2. PRINT FULL NAME **William L. Fleming**

(a) Residence, No. **4626 Minnesota Ave.** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Clara Fleming**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 17, 1883.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

54 8 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Casket Trimmer**

9. Industry or business in which work was done, as saw mill, bank, etc. **St. Louis Casket Co.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME **John Fleming**

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

MOTHER

15. MAIDEN NAME **Ellen Shannon**

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

17. INFORMANT **Clara Fleming**
(ADDRESS) **4626 Minnesota Ave.**

18. BURIAL, CREMATION, OR REMOVAL
New SS. Peter & Paul DATE **Oct. 25, 1937**

19. FUNERAL DIRECTOR **J. H. Heikens & Co.**
(ADDRESS) **2842 Meramec St.**

20. F. **Oct 22 1937**
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 21 1937** to **Oct 21 1937**

I last saw him alive on **Oct 21 1937**. Death is said to have occurred on the date stated above, at **4:49 P. m.**

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

apoplexy

g2 a

Other contributory causes of importance:

Hypertension

Name of operation Date of
What was confirmed diagnosed? Was there an autopsy? **NO**

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) **E. W. Simpson** M. D.
(Address) **3729^a Gravois Ave.**

Date of onset
10/21

10/21

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)