

JAN 10 1938

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

42930

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **5930 Kennerley** Registered No. **11180** 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 **James Anson Fletcher**

(a) Residence, No. **5930 Kennerley** St. **6** (If nonresident, give city or town and State) **6**
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Isabelle Fletcher**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 27, 1852**
 7. AGE YEARS **85** MONTHS **9** DAYS **6** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **New Hampshire**

13. NAME **Samuel Fletcher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Hampshire**

15. MAIDEN NAME **Henrietta Crane**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Hampshire**

17. INFORMANT **Mary Fletcher** (ADDRESS) **5930 Kennerley**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bunker Hill, Ill** DATE **12/5/37**

19. FUNERAL DIRECTOR **Edith E. Conkwater** (ADDRESS) **4234 Manchester**

20. FILED **DEC 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/3/37** 19 ..
 22. I HEREBY CERTIFY, That I attended deceased from **Feb. 7th** 19**37** to **Dec. 3-** 19**37**
 I last saw him alive on **Feb. 7th** 19**37** Death is said to have occurred on the date stated above, at **1.00** P. M.
 The principal cause of death and related causes of importance were as follows:

acute myocarditis 12-1-37
93C
 Other contributory causes of importance:
Chronic myocarditis and general arteriosclerosis

Name of operation **None** Date of
 What test confirmed diagnosis? **Autopsy** Was there an autopsy?

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?
 If so, specify **Chronic Myocarditis** M. D.
 (Signed) **Chas. D. Fox**
 (Address) **1506 Radcliff**

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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 Florenz Eynck

Licensed Embalmer No. 1284

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.)