

No. 2
11-10-39
-17-39
I X21492

JUL 15 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convent of the Immaculate Heart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Years
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME MARY A. FLEMING 455

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 26, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name John Fleming,

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia Mylan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertie Coughlin.

(b) Address 2935 Harner Str.

17. (a) Burial (b) Date thereof 6/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd

19. (c) JUN 5 - 1940 (d) [Signature]
(Date received local Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limit: write "RURAL")
(d) Street No. 7626 Natural Bridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 7-25-35
to 6-4-40, 1940
that I last saw her alive on 6-4-40; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Duration 3 da.

Due to Arteriosclerosis 10 yrs

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 340 Bernada Date signed 6-5-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

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 this body is not embalmed, above space should be left blank.