

FILED AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

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

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 5612 Cote Brilliant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 48 yrs.
years, months or days)

3. (a) PRINT FULL NAME Nellie Fleming 455

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 16, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 29 hr. min.

9. Birthplace Chester, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Bunge

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

14. Maiden name Caroline Kasten

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

16. (a) Informant Clarence Bunge

(b) Address 5612 Cote Brilliant

17. (a) Burial (b) Date thereof 7-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL 18 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5612 Cote Brilliant
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning, self
administered at her
home 5612 Cote Brilliant

Due to _____
Due to _____

Other conditions on July 13-1940
(Include pregnancy within 3 months of death)
check toxic under

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) suicide

(b) Date of occurrence 7/13/40

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (c) Means of injury 5

23. Signature Alfred J. Perry (M. D. or other)

Address 1674 1/2 Broadway Date signed 7/14/40

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 _____

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.