

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 2335a Hebert St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Fleeman **458**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased October 14th, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

FATHER { 12. Name John Dolan **5**
13. Birthplace Ireland

MOTHER { 14. Maiden name Maria Lester, **5**
15. Birthplace Ireland

16. (a) Informant Mrs. Gertrude Buel,
(b) Address 2335a Hebert Street.

17. (a) Burial (b) Date thereof 7-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director By Reidner M. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUL 29 1940 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis **20**
(If outside city or town limits, write "RURAL")
(d) Street No. 2335a Hebert Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 23 1940 to July 27 1940;
that I last saw her alive on July 27 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia from cerebral hemorrhage **5 months**
Duration

Due to Myocarditis **3 years**

Due to Hypertension **3 yrs**

Other conditions _____
(Include pregnancy within 3 months of death)

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

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 1

23. Signature Ford H. Young, M.D. (M. D. or other) **1**
Address 2249 St. Louis ave Date signed 7/29 1940

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.....

John P. Bushlock

Licensed Embalmer No. *16740*

P. O. Address *2223 S. Lane*

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.