

Registration District No. **791** Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1410 Monroe Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **st. Francois**

(c) City or town **Valley Mines**
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Margaret Jones Fleeman**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **None**

6. (b) Name of husband or wife **Jack Fleeman** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **June 7, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	11	1 hr. min.

9. Birthplace **Bonne Terre, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Bank Stephens**

13. Birthplace **unknown, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Boyer**

15. Birthplace **unknown, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel Buren**

(b) Address **3130 Park Avenue**

17. (a) **Burial** (b) Date thereof **5/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leadwood Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(City, town, or county)

19. (a) **MAY 12, 1942** (b) **J. F. Bredet**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1942** hour **12** minute **53 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 **Intestinal hemorrhage from ruptured esophagus**
Warty carcinoma of Liver
Due to.....

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.....
23. Signature **Dr. J. F. Perry** (M. D. or other).....
Address **1212 1/2 E. 12th** Date signed **5/8/42**

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

MOTHER FATHER

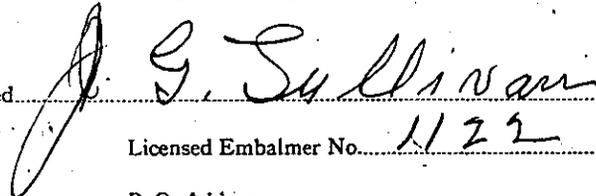
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.