

FILED JUN 22 1942 791

Registration District No. Primary Registration District No.

000
17
9

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

1. PLACE OF DEATH:

(a) County.....

(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:
St. Louis City Hospital *D*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **25 Days**
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... *24* ⁰⁰⁰₁₇
9

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2654 Keokuk St.**
(If rural, give location) *0*

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

3. (a) PRINT FULL NAME..... **David Fleming**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **No**

4. Sex..... **Male** *D*

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Alice**

6. (c) Age of husband or wife if alive..... **69** years

7. Birth date of deceased..... **Jan 17 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	25	hr. min.

9. Birthplace..... **Cuba** **Mo.** *D*
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Ret. Street Car Conductor**

11. Industry or business.....

12. Name..... **John Fleming**

13. Birthplace..... **Ireland** *4*
(City, town, or county) (State or foreign country)

14. Maiden name..... **Rachael Jones**

15. Birthplace..... **Ireland** *4*
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Harrison Fleming**
(b) Address..... **3314 Chippewa St.**

17. (a) **Removal** (b) Date thereof..... **6-13-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... *J. Schumacher*

(b) Address..... **3013 Meramec St.**

19. (a) **JUN 1 1942** (b) *J. J. Busch*
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **11,**
year..... **1942** hour..... **12:55** minute..... **P.M.**

21. I hereby certify that I attended the deceased from..... **May 18,** 19 **42,** to..... **June 11,** 19 **42**
that I last saw him alive on..... **June 11,** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... *Bilateral suppurative pyelonephritis*
Due to..... *Non-calculous*
Due to..... *a*

Other conditions..... *133*
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... *Pyelonephritis*

PHYSICIAN
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) (c) Means of injury.....
23. Signature..... *Reese Coleman* (M. D. or other)
Address..... **1515 Lafayette Avenue,** Date..... **6/23/42**

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.....
Clarence Rochow....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Clarence Rochow*.....

Licensed Embalmer No. *3093*

P. O. Address.....*3013 Hedden St*.....

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.