

FILED OCT 1 1942 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 7864

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:
1411 Tamm Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 Tamm Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helen Fleming

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Fleming 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Sept. 10th 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 10 If less than one day hr. min.

9. Birthplace East St. Louis Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Cornelius Sullivan
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Julia Denny
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Fleming
(b) Address 1411 Tamm Ave.

17. (a) Burial (b) Date thereof 9-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauer Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 22 1942 (b) J. F. [Signature]
(Date received local Registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1942 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from May 11
1936 to Sept 20, 1942
that I last saw h. or alive on Sept 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Failure
congestive type.
Due to mitral regurg and
stenosis marked
Due to cardiac enlargement
Chronic Nephritis
Other conditions
(Include pregnancy within 3 months of death)

Duration
7

Major findings:
Of operations 1/21
Of autopsy 1/21

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?

23. Signature Herbert [Signature] (M. D. or other) M.D.
Address 3532 [Address] Date signed 9/21/42

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

874

3552 Graves 1:30-4 P.M.

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.....
Edward M. Bennett

Licensed Embalmer No..... *3024*

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.