

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8471

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: 6175 Sherry Ave!
(If not in hospital or institution, write street number and 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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6175 Sherry Ave (If rural, give location) 97
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY FLEMING

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 Widow
6. (b) Name of husband or wife Phillip Fleming 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1st. 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 11 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Fleming
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth (unknown)
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Donnelly

(b) Address 6175 Sherry Ave.

17. (a) Burial (b) Date thereof 10-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN UNDERTAKERS

(b) Address 2849 No. Euclid Ave.,

19. (a) OCT 13 1942 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1942 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 25 1940 to Oct 12 1942
that I last saw her alive on Oct 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis - ?
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)
(a) Manner of injury _____

23. Signature John G. McInerney (M. D. or other) MD
Address 5014 Shella Ave Date signed 10/13/42

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

Dr. Mc Swiney
5000 Thekla Ave.,

~~Exhibit~~
M21 4688 } after 6 PM

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 Albert Mayfield
Licensed Embalmer No. 3877

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.