

FILED JAN 13 1948 18

Registration District No. ....

Primary Registration District No. ....

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: Jewish Hospital  
(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)

3. (a) PRINT FULL NAME Esther Mae Fleming

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 488-01-2755

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

6. (b) Name of husband or wife Patrick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 26th 1911  
(Month) (Day) (Year)

8. AGE: Years 31 Months 1 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Broken Bow, Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business \_\_\_\_\_

12. Name Francis Mauer

13. Birthplace Ashland, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Nester  
(City, town, or county) (State or foreign country)

15. Birthplace Virginia, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loyd Clement

(b) Address Jacksonville, Ill.

17. (a) Removal (b) Date thereof 12-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) \_\_\_\_\_ (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1206  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1942 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 16  
1942 to Dec 19, 1942  
that I last saw her alive on Dec 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary embolus -> pulm. infarct

Due to \_\_\_\_\_

Due to manual removal of placenta?

Other conditions Pregnancy - Post-partum  
(Include pregnancy within 3 months of death)

Major findings: hemorrhage

Of operations \_\_\_\_\_

Of autopsy Pulmonary Infarct. R middle lobe.

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) (e) Means of injury \_\_\_\_\_

23. Signature S. A. Wemtrant (M. D. or other) \_\_\_\_\_

Address 4500 Olive St. Date signed 12/21/42

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

MOTHER FATHER

53  
P

FEB 6 1947

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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. 2971

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.**