

S. No. 2  
DM-543  
v. 5-17-39  
I X38871

24886

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED JUL 22 1946**  
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1506

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1472 N. 70th St.  
(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 Missouri (b) County St. Louis  
(c) City or town Wellston,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1472 N. 70th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hubert K. Fleming

3. (b) If veteran, name war No 3. (c) Social Security No. 497-01-5023

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

6. (b) Name of husband or wife Nona 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 9 11 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>4</u>	hr. _____ min.

9. Birthplace Rolla, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist,  
Scullin Steel Co.

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

12. Name Samuel C. Fleming

13. Birthplace Rolla Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Williams

15. Birthplace Vichy Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry R. Fisher  
(b) Address 1472 N. 70th Street

17. (a) Burial (b) Date thereof 7/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles, ST. Louis

18. (a) Signature of funeral director Robert J. Ambruster, Inc.  
(b) Address Clayton Rd. at Concordia Lane

19. (a) 7-17-46 (b) E. J. Mc Laren M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death crushing chest in-  
juries when front end of auto-  
mobile he was repairing Duration \_\_\_\_\_  
Due to slipped off a jack.

Due to 186-B-2  
Other conditions 19  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
~~XXXXXXXX~~  
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) Accident  
(b) Date of occurrence July 15, 1946  
(c) Where did injury occur? Wellston, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Garage at rear of home.

While at work? \_\_\_\_\_ (Specify type of place) Blunt im-  
(e) Means of injury act  
23. Signature Arnold J. Williams Coroner  
Address Coroner, St. Louis County Date signed 7/17/46

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

MOTHER FATHER

203437

76  
9

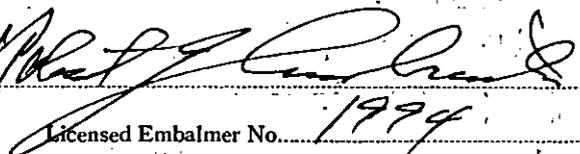
**STATEMENT BY LICENSED EMBALMER**

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. 1994

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.**