

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED FEB 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6268

State File No. _____
Registrar's No. **1630**

Registration District No. **318** Primary Registration District No. **1003**

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

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:
ST. JOHN HOSPITAL 0
(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 JOSEPH FLEMING
3. (b) If veteran, name war NO **3. (c) Social Security No.** NO

4. Sex MALE **5. Color or race** WHITE **6. (a) Single, widowed, married, divorced** INFANT
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased JANUARY - 23 - 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name DENNIS J. FLEMING

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

14. Maiden name ELEANOR PARLE
(City, town, or county) (State or foreign country)

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eleanor Fleming

(b) Address 3542 Russell Blv.

17. (a) BURIAL (b) Date thereof FEB 18 - 47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette av

19. (a) FEB 17 1947 (b) L. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17/7
(If outside city or town limits, write "RURAL")
(d) Street No. 3542 RUSSELL BLV. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 47 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/23
_____ 1947 to 2/16 1947
that I last saw h.l.m. alive on 2/16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypostatic terminal
pneumonia 24 hrs.
Due to post-operative inaction
for repair of congenital anomaly 24 days
Due to _____

Other conditions Baby born w/ no anterior
(Include pregnancy within 3 months of death)
Abd. wall & complete Abdominocentration

Major findings:
Of operations 2/23/47 Skin freed & Drains
over Abdominal contents
Of autopsy Hypostatic pulmonary congestion
induration of Abd. contents

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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) Means of injury _____
23. Signature John Fleming (M. D. or other) _____
Address 671 E. Big Bend Rd Date signed 2/17/47

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.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.