

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1949

318

1003

State File No. 2673

72

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (in this place) <u>1 mos 3d.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Infirmary Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>907 DOVER</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>FLE</u>		c. (Last) <u>FLEMING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1949</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 18, 1864</u>			
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>=</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>=</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>DOUGLAS PUCKETT</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA BRICKEY</u>			14. NAME OF HUSBAND OR WIFE <u>DAVID FLEMING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARRISON FLEMING</u>		ADDRESS <u>907 DOVER</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> <u>1 mo.</u>					
				DUE TO (c) <u>?Tubular glomerulonephritis</u> <u>Chronic</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592</u> <u>1 1/2 hr</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592</u> <u>121</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 7</u> , 19 <u>48</u> , to <u>Jan 4</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Cletus L. Krag M.D.</u>				23b. ADDRESS <u>5600 Arsenal St St. Louis</u>		23c. DATE SIGNED <u>Jan 4, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CUBA, MISSOURI (HOTEL)</u>		24d. LOCATION (City, town, or county) (State) <u>CUBA Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 5 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SOUTHERN FUNERAL HOME</u>		ADDRESS <u>6322 S. GRAND</u>			

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

APPROVED
FEB 15 1948
JAMES W. ...

STATION ...

NAME ...
ADDRESS ...
CITY ...
STATE ...
ZIP ...

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. W. Bentley
Licensed Embalmer No. 3657

P. O. Address St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH ...