

STANDARD CERTIFICATE OF DEATH

State File No. 11352

FILED MAR 19 1952

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 6076		Registrar's No. 134	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Affton 23</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Affton 23</b>		4520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6901 Heege Rd.</b>				d. STREET ADDRESS (If rural, give location) <b>6901 Heege Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>A.</b> c. (Last) <b>Fletcher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 17, 1952</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 16, 1900</b>		9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>motion picture opr.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Capitol Thea.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Richard Fletcher</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Fletcher</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-05-5436</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gladys Fletcher, 6901 Heege</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, arterial</b>  DUE TO (c) <b>444X</b>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Partial hemiplegia, left</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Remarks: I saw the deceased on only one occasion. I was not present before, or after, his death.</b>						20. AUTOPSY? YES <input 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) (m.)		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 <b>1/14</b> , 19 <b>51</b> , to _____, 19____, that I last saw the deceased alive on <b>1/14</b> , 19 <b>52</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John M. Collins</b>			23b. ADDRESS <b>711 D. 9438A Grandis, St. Louis 23, Mo.</b>		23c. DATE SIGNED <b>1/17/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23 Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-17-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Oakes MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b>			

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.