

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41105**

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2875

4000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Koch		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 2 years, 21		d. STREET ADDRESS (If rural, give location) 2605 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Vincent			b. (Middle) D.			c. (Last) Fleming			4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Oct. 7, 1890		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Hotel				11. BIRTHPLACE (City and State or Foreign Country) Bowling Green, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Patrick Fleming		13b. MOTHER'S MAIDEN NAME Mary Powers		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 303-12-4622		17. INFORMANT'S SIGNATURE OR NAME Records Koch Hospital, Koch, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH 3 YES	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION 10-8-52		19b. MAJOR FINDINGS OF OPERATION Tuberculous Cavity				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 00 LX	
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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?	
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22. I hereby certify that I attended the deceased from **12-19**, 19 **50**, to **11-6**, 1952, that I last saw the deceased alive on **11-6**, 1952, and that death occurred at **4:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Davis (Degree or title) MD		23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 11-7-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-10-52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) St. Louis Co, Mo.	
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DATE REC'D BY LOCAL REG. 11-7-52		REGISTRAR'S SIGNATURE Herbert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE Weick, 2201 So. Grand ave.,		ADDRESS	
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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

M. W. Ruster

Licensed Embalmer No. *4865*

P. O. Address *St Paul 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.