

STANDARD CERTIFICATE OF DEATH

State File No. **10026**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2241**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2157	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) 15 5124 Cologne	
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. John's Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Anson	c. (Last) Fletcher	4. DATE OF DEATH (Month) (Day) (Year) 3 - 8 - 54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1884	9. AGE (In years last birthday) 69 yrs.	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hide Foreman	10b. KIND OF BUSINESS OR INDUSTRY Krey Pakk. Co.	11. BIRTHPLACE (City and State or Foreign Country) Bunker Hill, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Anson Fletcher	13b. MOTHER'S MAIDEN NAME Isabelle St. Cyr	14. NAME OF HUSBAND OR WIFE Victoria Shepherd Fletcher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 493-09-8065	17. INFORMANT'S SIGNATURE OR NAME Victoria Fletcher	ADDRESS 5124 Cologne 16
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion & myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **March 7, 1954** to **March 8, 1954**, that I last saw the deceased alive on **March 8, 1954**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma A. Turner M.D.	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED March 9, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/11/54	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. MAR 10 1954	REGISTRAR'S SIGNATURE J. Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur	ADDRESS 3125 Lafayette Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Thomas R. Renwick*

Licensed Embalmer No.... 3793

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.