

FILED JUN 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. **22328**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1837**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICHMOND HEIGHTS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. MARY'S HOSPITAL**

d. STREET ADDRESS (If rural, give location) **1861 RUSSELL BLVD.**

3. NAME OF DECEASED
a. (First) **MINNIE** b. (Middle) **EVA** c. (Last) **FLEMING**

4. DATE OF DEATH (Month) (Day) (Year) **MAY 16 1956**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **JAN. 21, 1894**

9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **CHARLES ZEIS**

13b. MOTHER'S MAIDEN NAME **AMELIA RIEHL**

14. NAME OF HUSBAND OR WIFE **ROSS FLEMING**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Walter A. Zeis #7 Armin Pl. Webster Groves, Mo.**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES **Cerebral Hemorrhage**
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. **Arteriosclerosis**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **331X**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/30**, 19**56**, to **May 16**, 19**56**, that I last saw the deceased alive on **May 16**, 19**56**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. J. Vonnor M.D.**

23b. ADDRESS **5300 Big Bend**

23c. DATE SIGNED **5/18/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **5-19-56**

24c. NAME OF CEMETERY OR CREMATORY **ST. MARCUS**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS COUNTY, MO.**

DATE REC'D BY LOCAL REG. **5-18-56**

REGISTRAR'S SIGNATURE **Herbert R. Romberg**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MITTELBURG FUNERAL HOME, INC. 73 W. LACKWOOD AVE WEBSTER GROVES MO.**

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
Student Embalmer

Signed Elton H. Penelux

Licensed Embalmer No. 42,83

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.