

FILED JAN 30 1958

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NO. 2893
746

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If outside, give location) 3862 Juniata St.	
Length of stay in 1b 65 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle MORRIS Last FLEMING			4. DATE OF DEATH Month January Day 19 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1878
9. AGE (In years (birthday)) 79		10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Waverly, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. C. Fleming	
13b. MOTHER'S MAIDEN NAME Sarah Morris		14. NAME OF HUSBAND OR WIFE Emma Hermann	
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. --	
17. INFORMANT Mrs. Emma Fleming, 3862 Juniata Avenue		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Atherosclerosis)			INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) hypertension arteriosclerosis			7
DUE TO (c) 931X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) myocarditis ischemic to note coronary arteries			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 6/1/52 to 1/20/58 and last saw him alive on 1/19/58 Death occurred at 2:01 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Smith M.D.		22b. ADDRESS 3209 So Grand Street No	
22c. DATE SIGNED 1/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Jan. 22, 1958	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. JAN 21 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Edwin G. Eigel, M.D.
3209 So. Grand Ave.
12:30 to 3 PM

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 _____

Licensed Embalmer No. 4520

P. O. Address _____

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.