

THE DIVISION OF HEALTH OF MISSOURI 3445-58 58-019684
STANDARD CERTIFICATE OF DEATH State File No. 5819

FILED JUN 11 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5819

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) 322 TOWN East St. Louis 8/2/58 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 19 The Peoples Hospital | | d. STREET ADDRESS (If rural, give location) 312 N. 13th Street | |

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|----------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Shelia b. (Middle) McKertha c. (Last) Fleming | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-26-58 | | | |
| 5. SEX 3 Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0 | 8. DATE OF BIRTH 5-26-58 | 9. AGE (In years last birthday) 2 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? |

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| 13a. FATHER'S NAME James Fleming | | 13b. MOTHER'S MAIDEN NAME Mildred Liddell | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mildred Liddell Fleming | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis | | 18b. INTERVAL BETWEEN ONSET AND DEATH 2 hrs - |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 762.0 | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Signature Regine Meunier 1 1/2 hrs | | |

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|------------------------------------------|--|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------|--|
| 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 9:57/26/58 to 11:10, 1958, that I last saw the deceased alive on 5-26-58, 1958, and that death occurred at 9:40 p.m., from the causes and on the date stated above. | | | | | |

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| 23a. SIGNATURE [Signature] | | 23b. ADDRESS Peoples Hospital | | 23c. DATE SIGNED 5-26-58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 6-30-58 | | 24b. DATE | | 24c. NAME OF CEMETERY, OR CREMATORY Anatomical Board | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | | |

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|----------------------------------------|--|------------------------------------------------------|--|-----------------------------------------------------|--|
| DATE REC'D. BY LOCAL REG. JUN 5 '58 | | REGISTRAR'S SIGNATURE Carl Smith McKowland - Aker | | 25. FUNERAL DIRECTOR'S SIGNATURE 4104 Manchester | |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.