MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4725

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 5351 Delmar Blvd. St. ..... Ward)

2. FULL NAME David A. Fletcher.

(a) Residence. No. Masonic Home of Mo. St. 128 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Grass widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Fletcher.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 - 1869.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58.	6.	27.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer) (Stock + Bonds)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

PARENTS

10. NAME OF FATHER Willis Fletcher.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia.
12. MAIDEN NAME OF MOTHER Mary J. Williams.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

14. INFORMANT Mrs W. C. Van Arsdale
(Address) Indianapolis, Ind.

15. FILED MAY -1 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to April 29, 1928 that I last saw him alive on April 28, 1928, and that death occurred, on the date stated above, at 7.05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

E.T.A. Central Lemonhage apoplexy (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 A 1 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. F. Rice, M. D.

4/30, 1928 (Address) Lister Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.
DATE OF BURIAL: 5-1-1928.

20. UNDERTAKER: C. B. Lupton.
ADDRESS: 4449 Olive Street.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.