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

Do not use this space.

32193

1. PLACE OF DEATH

County ..... Registration District No. 781

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

City St. Louis Mo (No. 1310 Kentucky Ave St. ..... Ward)

File No. .....

Registered No. 9495

2. FULL NAME Lawrence Fleming

(a) Residence. No. 1310 Kentucky Ave St., 18 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): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 25, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Edward Fleming

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Catherine Brennan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Catherine Fleming
(Address): 1310 Kentucky Ave

15. FILED ..... 19.. Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 23 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-18, 1928, to 9-23, 1928 that I last saw h... alive on 9-23, 1928, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gastro Enteritis

119B

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): 113B

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Vomiting & Diarrhoea

(Signed) J. S. Shuck, M.D.

9-23, 1928 (Address) 4575 - Choulson

*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: Calvary Cemetery

DATE OF BURIAL: Sept 25, 1928

20. UNDERTAKER: Kriegshauser Und Co.

ADDRESS: 4104 Manchester Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.