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

Do not use this space.

File No. 43610

Registered No. 12932

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5600, Arsenal St. 24th Ward)

2. FULL NAME Walter Fleet

(a) Residence. No. 3404 Washington St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	15	

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

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

PARENTS

10. NAME OF FATHER John Fleet

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Mary Donaldson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Miss M. Headrick
(Address) Isolation Hospital

15. FILED ..... 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from Dec-20, 1928 to Dec 29, 1928 that I last saw him alive on Dec 29, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of Face & Scalp (Non-Traumatic)
(Post-Operative 3 days) (duration) 0 yrs. 0 mos. 11 ds

CONTRIBUTORY (SECONDARY) Carcinoma of Face
(duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not Known (for Carcinoma of Face)

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12/15/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George H. Garrison, M. D

12/29, 1928 (Address) [illegible]

*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	DATE OF BURIAL
Fillmore Ill	Jan 1st 1929
20. UNDERTAKER	**ADDRESS**
N. B. Cullen	Fillmore Ill

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.