

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

Do not use this space.

10997

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 79183

City St. Louis (No. 500)

St. Bernard Highway St. 20 Ward

File No.

Registered No. 3075

2. FULL NAME Phyllis Fleet

(a) Residence, No. 1504 N. 23rd St., 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-32, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 3-26-32, 19, to 3-28-32, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-31

I last saw her alive on 3-28-32, 19. Death is said to have occurred on the date stated above, at 10:15 P.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 25

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

Meningitis, Streptococcus
A Septicemia, Streptococcus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO.

Cerebral abscess

13. NAME Lulie M. Fleet

Name of operation MCA Date of 3/28/32

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

What test confirmed diagnosis? MCA Was there an autopsy? No

15. MAIDEN NAME May Beauf

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT U Mc Elwin (ADDRESS) 500 St. Bernard Highway

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Library DATE Mar 30 1932

Nature of injury

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3018 Grand St.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

20. FILED 30 Registrar.

(Signed) Lawrence S. Johnson, M. D. (Address) St. Louis Children's Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

