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.

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

791
1003

Do not use this space.

27890

File No.
Registered No. 7764

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. City Hospital St. Ward)
3703

2. FULL NAME Harry Fleming

(a) Residence, No. unknown St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 - 1862

7. AGE: Years 69 Months 9 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washborn Co., Pa.

FATHER

13. NAME Killman Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Martha King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Hospital Information Frank C. Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U. DATE 8-19 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St.

20. FILED AUG 25 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1932, to Aug. 9th, 1932

I last saw him alive on Aug. 9th, 1932. Death is said to have occurred on the date stated above, at 8.10 P.M.

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

Carcinoma of the glans penis with metastases to inguinal glands.

Date of onset

Other contributory causes of importance:

516
516
533

Name of operation none Date of

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Phacnish, M. D.
(Address) City Hospital