

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.

MIN 23 1933

Wm Finley

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Overland*

Registration District No. *789*
Primary Registration District No. *6033B*

File No. *17692*
Registered No. *161*
St. _____ Ward _____

2. FULL NAME

Laura B. Fleener

(a) Residence, No. *2317 Gaebler* St. _____ 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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jackson, L. Fleener*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 7, 1880*
7. AGE YEARS *53* MONTHS *1* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Collington Mo*

13. NAME *Robt. Neely*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Sarah Burnham*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Jackson, L. Fleener 2317 Gaebler*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Van Buren Mo* DATE *May 30 1933*

19. UNDERTAKER (ADDRESS) *Baumgart Bros - One 2504 Woodman Rd - Overland*

20. FILED *57 287* 19*33* *Jella Gray, M.D. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 27 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Apr. 8 - 27*, 19*33*, to *May 27*, 19*33*. I last saw her alive on *May 27*, 19*33*. Death is said to have occurred on the date stated above, at *11:00 a.m.*

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

Organic Heart Lesions
95B 95B
Other contributory causes of importance: *None*

Name of operation _____ 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) *W. Finley*, M. D.
(Address) *928 E. Miller*

