

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

Do not use this space.

17995

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033-B  
 City Nola Ave (No. 8134) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 154

**2. FULL NAME** Annie Fleming

(a) Residence, No. 8134 Nola Ave 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alexander Fleming  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1850  
 7. AGE YEARS 84 MONTHS 4 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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. At home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Arbroath (STATE OR COUNTRY) Scotland

MOTHER 13. NAME John Siveright

14. BIRTHPLACE (CITY OR TOWN) Arbroath (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Debt Knox

16. BIRTHPLACE (CITY OR TOWN) Arbroath (STATE OR COUNTRY) Scotland

17. INFORMANT Mrs. Ida Fleming (ADDRESS) 8134 Nola Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE June 2, 1934

19. UNDERTAKER Geo. L. Plittsch, Inc. (ADDRESS) 5966 Easton Ave.

20. FILED 6-1-34 19 34 W. Buchner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1929 19 19 to May 30, 1934

I last saw her alive on May 30, 19..... Death is said to have occurred on the date stated above, at 12:50 P. m.

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

Coronary Sclerosis Date of onset \_\_\_\_\_  
Arterio Sclerosis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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? no  
 If so, specify \_\_\_\_\_

(Signed) Mrs. Paul M. \_\_\_\_\_  
 (Address) 1492 Woodlawn

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.

JUN 26 1934

Pr. 113

1492 Hochmann  
1888