

APR 11 1936

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

Do not use this space.

12460

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No.

City.....

(No. City of St. Louis)

File No.

Registered No. 2480

St. Ward)

2. FULL NAME

James Fleming

(a) Residence, No. 3400 St. Ward. 26 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1882

7. AGE YEARS 53 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

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) Feb. 20 / 30 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME James Fleming

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in Kansas

17. INFORMANT Roy Greenbaum (ADDRESS) 2006 25th St. City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE March 7, 1936

19. UNDERTAKER Roy Greenbaum (ADDRESS) 2006 25th St. City of St. Louis

20. FILED MAR 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/36

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36 to 3/1/36, 19...

I last saw him alive on 3/1/36, 19... Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Carcinoma of Pancreas Date of onset

Other contributory causes of importance: metastases to liver

Abdominal lymph nodes + mesentery

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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 Roy Greenbaum, M. D.

(Signed) (Address)

(Address)

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.

