MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 8000

Registered No. 1425

City ST. LOUIS MO. (No. CITY HOSPITAL ..... St. ..... Ward)

2. FULL NAME NELLIE A. FLEMMING.

(a) Residence, No. 918 LASALLE St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 29 - 1896

7. AGE: YEARS 40 | MONTHS 6 | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TELEPHONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHIEF OPERATOR
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) Ohio.

FATHER

13. NAME PHILIP FLEMMING
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK.

MOTHER

15. MAIDEN NAME MARY STANTON.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) PHILIP FLEMMING 918 LASALLE ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM DATE FEB 2 1937

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av

20. FILED FEB 1 - 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937, to Jan 29, 1937

I last saw her alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 11.20 p.m.

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

	Date of onset
Lobar Pneumonia	Jan 22

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Other contributory causes of importance:
Acute Cardiac dilatation
Pulmonary Oedema
No definite Heart Disease

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 .....

(Signed) [illegible] Frazer, M. D.

(Address) 1108 Chestnut

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.

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