

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**

NOV 15 1937

36034
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **St. Johns Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. **16** ds. **20** How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Michael Fleming

(a) Residence, No. St. **NR** Jerseyville, Illinois
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Clradella Fleming**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 30th, 1908**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Presser**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Way Cleaning Co.**
 10. Date deceased last worked at this occupation (month and year) **Aug. 20, 1937**
 11. Total time (years) spent in this occupation **2 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jerseyville, Illinois**

FATHER 13. NAME **Thomas Fleming**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jerseyville, Illinois**

MOTHER 15. MAIDEN NAME **Mary Conners**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jerseyville, Illinois**

17. INFORMANT **Clradella Fleming**
 (ADDRESS) **Jerseyville, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jerseyville, Ill.** DATE **Oct. 16th**, 19**37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **OCT 15 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 14th**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1st**, 19**37**, to **Oct 14**, 19**37**
 I last saw him alive on **Sept. 14**, 19**37**. Death is said to have occurred on the date stated above, at **10:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Adeno-Carcinoma of right kidney
 Date of onset **Sept 1936**
51A

Other contributory causes of importance: **metastatic carcinoma of lung**
 Date of onset **2 months**

Name of operation **Nephrectomy** Date of **Oct 10-37**
 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?
 If so, specify **None**
 (Signed) **W. P. Glenon**, M. D.
 (Address) **University of Chicago**

STATEMENT BY LICENSED EMBALMER

I, Bing C. Duncan, Licensed Embalmer No. 2272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Bing C. Duncan
..... Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)