

REG'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson Registration District No. 420
Township Delate Primary Registration District No. 3022
City Delate No. _____ St. _____ Ward _____
2. FULL NAME Estella Josephine Fleming 455
(a) Residence, No. 507 Jefferson St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 11149
Registered No. 18

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 Graves Fleming
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 3 14
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) St. Louis Mo.
13. NAME Conrad Kuman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Mo.
15. MAIDEN NAME Mary Koehlman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Mo.
17. INFORMANT (ADDRESS) Frank Fleming West Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Apr. 9 1938
19. UNDERTAKER (ADDRESS) W. B. D. Co. Delate Mo.
20. FILED 4/7 1938 Jeneva Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 31 - 1938
22. I HEREBY CERTIFY, That I attended deceased from March - 4 - 1938 to March - 31 - 1938
I last saw him alive on March - 31 - 1938. Death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:
Myocardial degeneration with atherosclerosis of the coronary arteries
Date of onset 4-9-38
Other contributory causes of importance:
Arteriosclerosis March - 4 - 1938
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? NO
If so, specify _____
(Signed) Walter E. Librow, M. D.
(Address) De Soto 440

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.

MAR 4 1955