

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.

APR MAY 1940

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

Do not use this space.

16185

1. PLACE OF DEATH

County St. Louis, Mo
Township St. Ferdinand
City St. Louis (No. ST. LOUIS TRAINING SCHOOL)

Registration District No. 284
Primary Registration District No. 200

File No. _____
Registered No. 717 Ward _____

2. FULL NAME MARY RUTH FLEMING

(a) Residence, No. St. Louis Training School Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 years 7 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) East St. Louis, Ill.

FATHER
13. NAME James Fleming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.

MOTHER
15. MAIDEN NAME Emma D. Brazet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

17. INFORMANT St. Louis Training School (Records)
(ADDRESS) Baden Station, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MATHEWS DATE 4/12 1940

19. UNDERTAKER H. B. BERGER
(ADDRESS) 4715 McPHERSON

20. FILED APR 12 1940 D. R. Meyer, M.D. In P.A.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1940

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19____, to April 9, 1940
I last saw E.R. alive on APRIL 9, 1940 Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Chronic Myocarditis Date of onset _____
Syphilis
Mongolian Idiocy

Other contributory causes of importance: 34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 Stanley S. Nemes M.D.
(Signed) St. Louis Training School
(Address) Baden Station, St. Louis, Mo.

W. A. Perry