

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30610

State File No.

~~50~~ OCT 25 1940  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7887

1. PLACE OF DEATH:

(a) County St Louis mo  
(b) City or town St Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3131 FRANKLIN AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community abt. 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 21  
(c) City or town St. Louis MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3131 Franklin Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 20  
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
April 30 1940 to Sept 20 - 40  
that I last saw him alive on Sept 18 40, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cerebral Emboli Duration 2 days

Due to Gastric Ulcer 2 Mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature J. J. Redick (M. D. or other) \_\_\_\_\_  
Address 1418 Franklin Date signed 9-21-40

3. (a) PRINT FULL NAME Theo Otis Fletcher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 25 1932  
(Month) (Day) (Year)

8. AGE: Years 17 Months 8 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Job Work

11. Industry or business \_\_\_\_\_

12. Name Tom Fletcher

13. Birthplace Ala  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Ballard

15. Birthplace Ala  
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Fletcher

(b) Address 3131 Franklin Ave

17. (a) Burial (b) Date thereof 9-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director ACKINS Bros

(b) Address 3644 Finney Ave  
19. (a) SEP 22 1940 (b) J. J. Redick  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis V. Cotter

Licensed Embalmer No. 2842

P. O. Address 3644 Fin

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

**If this body is not embalmed, above space should be left blank.**