. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39751

Registration District No. 784 — Primary Registration District No. 109 — Registrar's No. 2221

1940

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town ~~Richmond Ht~~ Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Months (Specify whether
In this community 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 0 (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILHELMINA FLEMING
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ James J Fleming
6. (c) Age of husband ~~or wife if~~ alive 82 years
7. Birth date of deceased June (Month) 6 (Day) 1864 (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day ~~20~~ hr. ~~15~~ min.

9. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Michael Ochs
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Elmer A. Thorwegen
(b) Address 7433 Dale Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mount Hennai Cem
18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Rd Rich Ht Mo
19. (a) NOV 26 1940 (Date received local registrar) (b) R. Meyer MD DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1940 hour 8 minute 15 P M.
21. I hereby certify that I attended the deceased from April, 1939, to Nov., 1940 that I last saw her alive on Nov. 22 nd, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	Years
Due to General Arteriosclerosis	
Due to Senility with debility	1 yr.
Foci of infection with gangrene - right	3 mos.
Other conditions Knee, sacrum & hips (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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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? NOT (Specify type of place)
While at work? — (e) Means of injury
23. Signature Douglas A. Ries (M. D. or other) MD
Address 7166 Manchester Date signed 11/25/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address .....

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

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