

No. 2  
4-12-40  
5-17-39  
1 X23159

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7101

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home of Phillips Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two days three  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Edward Fletcher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Oct 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace 1 Mass  
(City, town, or county) (State or foreign country)

10. Usual occupation unk

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

MOTHER FATHER { 12. Name unk

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

14. Maiden name unk

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

16. (a) Informant James J. ...

(b) Address 1300 Clark

17. (a) \_\_\_\_\_ (b) Date thereof 8-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Redden

(b) Address 3550 Ruston

19. (a) SEP 2 1941 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 21 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2839 Lucas Ave  
(If rural, give location)  
(e) If foreign born, how long in U.S.A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1941 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Chronic Interstitial Nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 8/19/41

Physician  
Description  
Underline the cause to which death should be charged statistically.

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**