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M-5-42  
S-17-39  
X32873

34771

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 11 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2334

96  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6157 Page Blvd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0  
(If outside city or town limits, write "RURAL.")

(d) Street No. 6157 Page Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Edward Amos Fletcher

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1942 hour 10 minute 20 PM.

3. (b) If veteran, name war Spanish\*American 3. (c) Social Security No. 492-09-2806

21. I hereby certify that I attended the deceased from October 1940 to November 6, 1942  
that I last saw him alive on November 6, 1942  
and that death occurred on the date and hour stated above.

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

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis

6. (b) Name of husband or wife Hilda Fletcher 6. (c) Age of husband or wife if alive 49 years

Due to Arteriosclerotic Hypertensive Heart Disease

7. Birth date of deceased November 10, 1882  
(Month) (Day) (Year)

Due to Chronic Nephritis

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>26</u>	_____hr. _____min.

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

9. Birthplace Alton Illinois /  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Machinist

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Wagoner Electric Co.

12. Name Arthur Fletcher

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Hilda Fletcher  
(b) Address 6157 Page Blvd.

17. (a) Burial (b) Date thereof Nov. /10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Nov 7 - 1942 1325 Hodiamont Ave  
(c) G. Mc Caran  
(Date received local registrar) (Registrar's signature)

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 J. M. Overstreet (M. D. or other)  
Address 4500 Olive Street Date signed 11/7/42

ME

107

Dr. J. M. Weinstein  
5300 a Canton Ave  
B-5020  
R-0.1579

NOV 1 1942

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. 3225  
P. O. Address 1125 Hodiament Ave.

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.