V. S. No. 2
DM—9-4-41
ev. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12129

FILED APR 26 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3597

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 1401 Goodfellow (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: Mo. (b) County: 17
(c) City or town: St. Louis 6 (If outside city or town limits, write "RURAL")
(d) Street No. 1401 Goodfellow (If rural, give location)
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Patrick J. Fleming
3. (b) If veteran, name war: ✓
3. (c) Social Security No. none
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 9 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	6	hr. min.

9. Birthplace: (City, town, or county) Ireland (State or foreign country)
10. Usual occupation: Contractor
11. Industry or business: Building
FATHER
12. Name: Patrick Fleming
13. Birthplace: (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Margaret Cooney
15. Birthplace: (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mary C. Fleming
(b) Address: 1401 Goodfellow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Chas. F. Stuart
(b) Address: 1225 Union Blvd.
19. (a) APR 17 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1943 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 4-1 1943 to 4-15 1943 that I last saw h. alive on 4-15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis general & advanced cerebral arteriosclerosis	
Due to arteriosclerosis & emphysema	many years
Due to	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: none
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): none
(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? (Specify type of place): no
While at work? (e) Means of injury:
23. Signature: John J. Hammond (M. D. or other)
Address: 634 N. Grand Date signed: 4/16/43

(Licensed Embalmer's Statement on Reverse Side)

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, G. W. Wilkinson

Licensed Embalmer No. 3578

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.