DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19691

Registration District No. 308

Primary Registration District No. 1003

Registrar's No. 5789

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:
4973 Columbia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4973 Columbia Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Samuel Fleming

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Katherine Young Fleming

6. (c) Age of husband or wife if alive 6/2/38 years

7. Birth date of deceased Aug. 1, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	25	hr. min.

9. Birthplace Cuba, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired lieutenant

11. Industry or business St. Louis Police Dep't.

FATHER
12. Name John Fleming
13. Birthplace County Monohan, Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Eliza Jones.
15. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

16. (a) Informant Marhuerite Fleming
(b) Address 4973 Columbia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) JUN 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 1942, to June 26, 1944
that I last saw him alive on June 19, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Degenerative	
Due to Heart Disease	5 p
Due to Pernicious Anemia	5 p
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F. R. Finnegan (M. D. or other)
Address 539 N. Grand Blvd. Date signed 6/27/44

(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.....

Licensed Embalmer No.....1994

P. O. Address.....

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

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