S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22219

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 0180

WRITE PLAINLY—USING 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: Deaconess Hospital 0
(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 Illinois (b) County Macoupin 999
(c) City or town Staunton 11
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 0 (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Fleming
3. (b) If veteran, name war No
3. (c) Social Security No. 347-05-6980
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Charlotte Fleming
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) 1884 (Year)

8. AGE: Years 63 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Scotland 4 (City, town, or county) (State or foreign country)
10. Usual occupation Face Boss 1
11. Industry or business Coal Mine
FATHER
12. Name William Fleming
13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Charlotte Fleming
(b) Address Staunton, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Staunton, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 8 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4 P.M. 6 July, 1947, to 2:50 A.M. 8 July, 1947 that I last saw him alive on 10:30 P.M. 7 July, 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pancreatitis, acute	26 hrs.
Due to Chr. Cholecystitis non-calculous	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

128

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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 0

23. Signature Robert E. Soch (M. D. or other)
Address 3720 Washington Date signed 8 July 47

Jefferson City Printing Co. (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 John S. Dennehy

Licensed Embalmer No. 4194

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.