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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6347
1927

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

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: St. Anthonys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3124 Sidney Street 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATHRINE FLEMING

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ottis

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

7. Birth date of deceased October 24, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	0	hr. min.

9. Birthplace White County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name Israel Baker
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Livingston
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Price
(b) Address 3124 Sidney Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 26 1948 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1948 hour 6:35 minute A. M.

21. I hereby certify that I attended the deceased from 2/20, 1948, to 2/24/48, 19..; that I last saw her alive on 2/24/48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Secondary haemorrhage caused by gastric ulcer	4 days
Due to Gastric ulcer	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature Elva Simpson (M. D. or other) M.D.
Address 3739 Gravois (16) Date signed 2/25/48

(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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette 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.