

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 3 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

10164
State File No. _____
Registrar's No. 2411

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2411

WRITE PLAINLY—USE 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:
Emerald & DePaul Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 8 years (Specify whether
years, months or days)

3: (a) PRINT FULL NAME ROBERT FLEMMING
3. (b) If veteran, name war -- 3. (c) Social Security No. 430-26-3125

4. Sex Male 2 5. Color or race C
6. (a) Single, widowed, married, divorced Divorce 3
6. (b) Name of husband or wife Vera 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 11 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 25 hr. _____ min.

9. Birthplace Burdett Ark.
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business --
MOTHER FATHER { 12. Name Murphy Flemming
13. Birthplace Print Rock Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bradshaw
15. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Tennell
(b) Address 4142 Kennerly
17. (a) Burial (b) Date thereof 3-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAR 10 1948 (b) J. F. Bradshaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 007 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 Garfield Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1948 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Delayed and Exploded Duration
hangover from gas and alcohol
of face demolished with gas
shells of one plane in the
col. in the bomb at 3821
around 12 P.M. March 6th
1948

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 164
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) Domestic
(b) Date of occurrence 3/6/1948
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Yes (Specify type of place) (e) Means of injury to above
23. Signature John E. Taylor (M. D. or other)
Address 1300 Clark Date signed _____

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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.....
Charles J. Gates..... Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No. 1825.....
P. O. Address 4107 Finney 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.