S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18242

Registration District No. 317 — Primary Registration District No. 3070 — Registrar's No. 1302

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Temple (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No.: 8 Glen Oak Place (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Araminta Flesh
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: May (Month) 2 (Day) 1866 (Year)
8. AGE: Years 82 | Months 0 | Days 20 | If less than one day ..... hr. ..... min.
9. Birthplace: Evansville, Ind. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER'S FATHER'S
12. Name: George Hawksley
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Roy Flesh
(b) Address: 7519 Wellington Way, Clayton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr., Kirkwood
19. (a) 5-24-48 (Date received local registrar) (b) Paul A. Sharpin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 5, 1940, to May 22, 1948, that I last saw her alive on May 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 min
Arteriosclerosis	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ..... Of autopsy .....

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 .....
23. Signature: Arthur W. Westray (M.D. ~~coroner~~) MD
Address: 204 E. Big Bend Date signed: 5-24-48

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 Felix Durand

Licensed Embalmer No. 3024

P. O. Address Kirkwood 22

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.