

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17251  
4182

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 25<br>1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri  |  | b. COUNTY<br>St. Louis  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis   |  | c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Homer G Phillips Hospital  |  | d. STREET ADDRESS (If rural, give location)<br>Ofallon Street-1720A.  |  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>William   |  | b. (Middle)<br>Fletcher   |  | c. (Last)<br>Fletcher   |  |   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>May 6 1949  |  | 5. SEX<br>male  |  | 6. COLOR OF RACE<br>Cauc<br>Cauc  |  |   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Single  |  | 8. DATE OF BIRTH<br>Aug. 6, 1903  |  | 9. AGE (In years)<br>Last birthday) 45  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Freight handler  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Freight handler  |  | 11. BIRTHPLACE (State or foreign country)<br>Clarkville, Miss.                    |  |   |  |
| 12. CITIZEN OF WHAT COUNTRY?  |  | 13a. FATHER'S NAME<br>John Fletcher   |  | 13b. MOTHER'S MAIDEN NAME<br>Marie Hicks  |  |   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Single   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  | 16. SOCIAL SECURITY NO.   |  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Marie Mitchell   |  | 18. ADDRESS<br>3133 Delmar  |  |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism<br><br>ANTECEDENT CAUSES<br>DUE TO (b) Thyro toxic heart disease<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) Thyrotoxicosis<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Pleural Effusion, right |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>18 days   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>63                             |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR<br>2.5.4.9  |  |   |  |
| 22. I hereby certify that I attended the deceased from 4-19, 1949, to 5-6, 1949, that I last saw the deceased alive on 5-6, 1949, and that death occurred at 1:40 a. m., from the causes and on the date stated above.          |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br>Oscar L Daniels   |  | (Degree or title)<br>M. D. O.   |  | 23b. ADDRESS<br>2601 N Whittier St  |  | 23c. DATE SIGNED<br>5-6-49  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial   |  | 24b. DATE<br>May 12, 49   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>National Jefferson Barracks, Mo.            |  | 24d. LOCATION (City, town, or county) (State)                                       |  |
| DATE REC'D BY LOCAL REG.<br>MAY 10 1949   |  | REGISTRAR'S SIGNATURE<br>J. B. Vasuta   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>2629-31 Cole Dement & Son                     |  |   |  |

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

AUG 1 2 1943

6.

*W. C. Gordon*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. C. Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldin*

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.