

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14063**
Registrar's No. **3857**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14063		Registrar's No. 3857			
1. PLACE OF DEATH a. COUNTY, _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2709					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2607 (New) Cass				d. STREET ADDRESS (If rural, give location) 2607 Rear Cass Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) M.			c. (Last) Fletcher			4. DATE OF DEATH (Month) (Day) (Year) 4 21 1951		
5. SEX male		6. COLOR OR RACE col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-17-1891		9. AGE (In years last birthday) 60 yrs.		IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Harvest Alabama			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Gus Fletcher				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Queen Eliza Fletcher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War I				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Queen Eliza Fletcher ADDRESS 2607 R. Cass Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortitis DUE TO (c) Cardiac Hypertrophy									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION PPP		19b. MAJOR FINDINGS OF OPERATION glands, ...								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 P. m., from the causes and on the date stated above.											
23a. SIGNATURE Patrol E Taylor Coroner (Degree or title)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 4-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-27-1951		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) Jefferson		(State) MO			
DATE REC'D BY LOCAL REG. APR 24 1951		REGISTRAR'S SIGNATURE J. B. Laster				25. FUNERAL DIRECTOR'S SIGNATURE Gus Lane ADDRESS 2930 Dixon St.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

William G. Lowe

Student Embalmer No. *399*

working under my personal supervision.

Student *William G. Lowe*
Student Embalmer

Signed *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Exton 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.