

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1951

State File No. 28232

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7591

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VELDA VILLAGE 2149	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6531 MYRON AVE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION FRISCO HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) B. c. (Last) Fletcher			4. DATE OF DEATH (Month) (Day) (Year) August 25-1951		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 6/26/1887		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASS'T TRES.		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME FRANCIS FLETCHER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE VIOLA FLETCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY BOED FLETCHER 6531 MYRON AVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive Hemorrhage DUE TO (c) Esophageal Varicosities II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatoma Liver				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Rt. Hemiorrhaphy Jan 27-1950				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 582XH	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from 8-20, 1951, to 8-25, 1951, that I last saw the deceased alive on 8-25, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Venard W. Halls M.D.		23b. ADDRESS 4960 Leche		23c. DATE SIGNED 25 Aug 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
DATE RECEIVED BY LOCAL REG. AUG 27 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 1600 NATURAL BRIDGE	

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Wm. B. Binkley

Licensed Embalmer No. 2633

P. O. Address St. Louis Mo

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.