

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17985

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3921**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Barnes Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois**
b. COUNTY **St. Clair**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **East St. Louis (Wash. Park)**
d. STREET ADDRESS (If rural, give location) **5427 Avon**

3. NAME OF DECEASED (Type or Print)
a. (First) **Harlan** b. (Middle) _____ c. (Last) **Fleming**
4. DATE OF DEATH (Month) (Day) (Year) **Apr. 25 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married**
8. DATE OF BIRTH **Oct. 12, 1889** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Brick mason**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Pomona, Illinois**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Fleming** 13b. MOTHER'S MAIDEN NAME **Susan King** 14. NAME OF HUSBAND OR WIFE **Mary M. Fleming**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Mary M. Fleming** ADDRESS **5427 Avon E. St. Louis, Ill.**

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): **Malignant tumor with metastasis of cerebral body**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION **4/25/52** 19b. MAJOR FINDINGS OF OPERATION **Hemorrhage from cerebral artery** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **6/6, 1948**, to **4/25, 1952** that I last saw the deceased alive on **4/25, 1952** and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE **James Barrett Brown** (Degree or title) _____ 23b. ADDRESS **508 N Grand** 23c. DATE SIGNED **4/25/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **4-25-52** 24c. NAME OF CEMETERY OR CREMATORY **Evergreen Cemetery** 24d. LOCATION (City, town, or county) **Ava, Illinois**

DATE REC'D BY LOCAL REG. **APR 25 1952** REGISTRAR'S SIGNATURE **J. Charles Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Kurvillig** ADDRESS **E. St. Louis Ill**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. James Barrett Brown
508 N. Grand Ave.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Licensed Embalmer No. 03162

P. O. Address East St Louis

Signed.....
Student Embalmer

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.

Not Embalmed