

ED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21984

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5040**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2159'</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4643 VIRGINIA</b>		d. STREET ADDRESS (If rural, give location) <b>15 4643 VIRGINIA</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LOUIS</b>	b. (Middle) <b>H.</b>	c. (Last) <b>FLEMMING</b>	4. DATE OF DEATH	(Month) <b>JUNE</b>	(Day) <b>1</b>	(Year) <b>1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 10 1890</b>	9. AGE (In years last birthday) <b>61</b>	10. MONTHS <b>6</b>	11. DAYS <b>61</b>	12. HOURS <b>61</b>	13. MIN. <b>61</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PHELAN PAINT CO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <b>WILLIAM FLEMMING</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE KRAH</b>	14. NAME OF HUSBAND OR WIFE <b>IDA FLEMMING</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>IDA FLEMMING</b>	ADDRESS <b>4643 VIRGINIA</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cardiac Valvular Disease.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 <b>4214</b>
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22. I hereby certify that I attended the deceased from **Nov 23rd, 1951**, to **June 1, 1952**, that I last saw the deceased alive on **June 1st, 1952**, and that death occurred at **2:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. J. Dan. Danisco</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1319 So. Edway.</b>	23c. DATE SIGNED <b>6-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JUNE 4 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>JUN 2 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>	ADDRESS <b>2906 Gravois</b>
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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

*James C. Hill*

Licensed Embalmer No. *43479*

P. O. Address *2906 Francis*

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.