

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3081

0164

FILED JAN 28 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3921 Shenandoah		d. STREET ADDRESS (If rural, give location) 3921 Shenandoah	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) FLEEMAN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JAN-5-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-5-1886
9a. AGE (In years last birthday) 66	9b. IF UNDER 1 YEAR Months Days	9c. IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY ADJ. PROF. ASSN	
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WM. T. FLEEMAN		13b. MOTHER'S MAIDEN NAME REBECCA IRWIN	
14. NAME OF HUSBAND OR WIFE LILLIE J. FLEEMAN			
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 Lillie J. Fleeman		ADDRESS 3921 Shenandoah	
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) Carcinoma of larynx 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Biopsy done several Mo in Ca	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) ST. LOUIS MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 1-5-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 161X			
22. I hereby certify that I attended the deceased from 1-5-53 to 1-5-53, that I last saw the deceased alive on 1-3-53, 1953, and that death occurred at 7:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mabel M.D.		23b. ADDRESS 4500 Olive	
23c. DATE SIGNED 1-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-7-53	
24c. NAME OF CEMETERY OR CREMATORY BETHEL		24d. LOCATION (City, town, or county) (State) BETHEL, MO.	
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE E. J. Schuur	
FUNERAL DIRECTOR'S SIGNATURE 3125 Lafayette		ADDRESS	

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

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.