

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10748

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 761

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston, Missouri	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 1522 Keinstein	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED (Type or Print) Mary Fleager			4. DATE OF DEATH March 24, 1954		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 29, 1876		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during preceding year, or give if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Clinton Poe		13b. MOTHER'S NAME Virginia Smith		14. NAME OF HUSBAND OR WIFE John Fleager	
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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) NO		16. SOCIAL SECURITY NO. 4406		17. INFORMANT'S SIGNATURE OR NAME Pine Crest Nursing Home, Manchester	
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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) Chronic Myocarditis		DUE TO (b) Arterio Sclerosis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 4221		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Mar 19, 1954, to Mar 24, 1954, that I last saw the deceased alive on Mar 23, 1954, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Jensen		23b. ADDRESS M 80 932 Newport Webster Brown Mo		23c. DATE SIGNED 3/24/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-27-1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE/REC'D BY LOCAL REG. 3/26/54		REGISTRAR'S SIGNATURE Herbert R. Smith		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home	
				ADDRESS 2301 Lafayette, St. Louis 4, Mo.	

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 _____

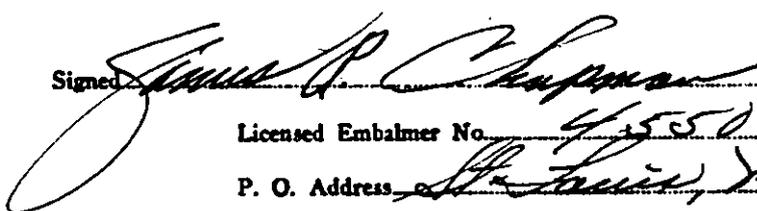
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4550

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.