

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20026**  
Registrar's No. **5270**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5270</b>	
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 OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				STREET ADDRESS (If rural, give location) <b>22 2758a Clark</b>			
3. NAME OF DECEASED (Type or Print) <b>Alfred</b>			a. (First)	b. (Middle)	c. (Last) <b>Fleming</b>	4. DATE OF DEATH (Month) <b>6</b> (Day) <b>16</b> (Year) <b>55</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Jan. 5, 1885</b>	
9. AGE (to year's last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		9. AGE (to year's last birthday) <b>70</b> Months <b>6</b>   Year <b>6</b>   If under 12 hrs. Days   If under 24 hrs. Hours   Min.	
11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown 9</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Annie Fisher</b> ADDRESS <b>2758a Clark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>				DUE TO (c) <b>Cardiac Insufficiency</b>			
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 _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>5-26</b> , 19 <b>55</b> , to <b>6-16</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6-16</b> , 19 <b>55</b> , and that death occurred at <b>5:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edw. B. Williams</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>6-16-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 29, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FEDERAL DIRECTOR'S SIGNATURE <b>E. B. Casner</b> ADDRESS <b>1221 N. Grand</b>			
JUN 17 1955							

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.....  
Signature of Student Embalmer

Signed *McLennan Blackham*

Licensed Embalmer No. *346*

P. O. Address *1221 N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.