

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23726

State File No. ....

FILED AUG 2 - 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5642**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Lovejoy</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Infirmary</i>		e. STREET ADDRESS (If rural, give location) <i>516 Washington</i>					
3. NAME OF DECEASED a. (First) <i>Henry</i> b. (Middle) <i>Fletcher Sr.</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>June 26, 1955</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>MAY 16 1885</i>	9. AGE (in years last birthday) <i>70</i> IF UNDER 1 YEAR: Months <i>1</i> Days <i>12</i> IF UNDER 24 HRS: Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City, State or Foreign Country) <i>Tennessee</i>			
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Noland Fletcher</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			
14. NAME OF HUSBAND OR WIFE <i>Katie Fletcher</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <i>Henry Fletcher, Jr</i>		ADDRESS <i>342 Lee Street, St. Louis, Mo.</i>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of lungs</i> ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>163X</i>			
22. I hereby certify that I attended the deceased from <i>June 1, 1955</i> , to <i>June 26, 1955</i> , that I last saw the deceased alive on <i>June 26, 1955</i> , and that death occurred at <i>7:0</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter A. Young MD</i>		23b. ADDRESS <i>2337 Market</i>		23c. DATE SIGNED <i>6/26/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6/28/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lovejoy Ill.</i>			
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <i>JUN 29 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			
25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Louane</i>		ADDRESS <i>2217 Grand</i>					

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.....  
*Guylford Swann*

Licensed Embalmer No...45...

P. O. Address...1221 1/2 Yr...

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.