

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

SL-24758 XC-1 701 318 1003 -61-006472
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1307 STATE FILE NUMBER

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF **CLEARED THROUGH CORONER'S OFFICE**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>Jersey</u>		
-b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b <u>15 DAYS</u>	c. CITY OR TOWN <u>JERSEYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, ST. LOUIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>216 GOODRICH</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK X. FLEMING</u>			4. DATE OF DEATH Month Day Year <u>2/8/61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/5/96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>JERSEYVILLE, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>ED FLEMING</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN FLEMING</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA FLEMING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-1</u>		16. SOCIAL SECURITY NO. <u>WW-1</u>		17. INFORMANT Address <u>VIRGINIA FLEMING (WIDOW) SEE #2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEART FAILURE</u> DUE TO (b) <u>AORTIC OCCUSION</u> DUE TO (c) <u>THROMBIS AND AORTIC GRAFT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>454x</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>		20f. CITY, TOWN, OR LOCATION <u>Jerseyville</u>		COUNTY	STATE
21. I attended the deceased from <u>1/24/61</u> to <u>2/8/61</u> and last saw him alive on <u>2/8/61</u> Death occurred at <u>11:55 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>William C. Simon M.D.</u> (Degree or title)			22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>2/8/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jerseyville</u>		23d. LOCATION (City, town, or county) (State) <u>Jerseyville Ill</u>
24. FUNERAL DIRECTOR <u>JACoby</u>		ADDRESS <u>Jerseyville, Ill</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 9 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>

MEDICAL CERTIFICATION

MAR 10 1968

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 Frank Tronoff

Licensed Embalmer No. 4356

P. O. Address St. Louis, MO

Notes: 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.