

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028629
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **7618**

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY										
St. Louis		St. Louis				St. Louis		Mo.												
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>										
St. John's Hospital						5653 Eichelberger Ave.														
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH Month			Day			Year		
MICHAEL			FLEMING						Aug.			1			1962					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR								
Male		White				8-11-1881		80		Months		Days		Hours		Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY								
Police Officer (Retired) City of St. Louis				St. Louis, Mo.				St. Louis, Mo.				U.S.A.								
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE												
Michael Fleming				Margaret Madlock				Anna Fleming												
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				Address								
No				None				None				Michael Fleming 5653 Eichelberger Ave.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH								
IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>																				
DUE TO (b) <i>Arteriosclerotic Coronary artery Disease</i>																				
DUE TO (c) <i>420.1</i>																				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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 type="checkbox"/> NO <input checked="" 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE												
21. I attended the deceased from <i>1 Aug 62</i> to <i>1 Aug 62</i> and last saw ^{her} him alive on <i>Did not see alive</i>		Death occurred at <i>6:00 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																		
22a. SIGNATURE <i>John McLam MD</i>						22b. ADDRESS <i>4401 Hampton</i>						22c. DATE SIGNED <i>3 Aug 62</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)												
Removal		Aug. 4, 1962		Resurrection Cemetery		St. Louis Co. Mo.														
24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway Blvd.</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 3 1962</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>														

USE BLACK INK OR TYPEWRITER RIBBON

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OK
Robert T. Tolson
St. Louis

STATEMENT BY LICENSED EMBALMER

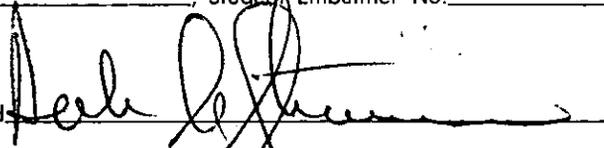
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4533

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.