

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16053

State File No. _____

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 863

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
318 North Woodlawn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 38 years.
 years, months or days

3. (a) PRINT FULL NAME GEORGE FREDERIC FISKE 200

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 21 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 11 hr. _____ min.

9. Birthplace Beloit Wisconsin
 (City, town, or county) (State or foreign country)

10. Usual occupation Ret'd Tres. American Stove Co.

11. Industry or business _____

12. Name John Proctor Fiske

13. Birthplace Massachusetts
 (City, town, or county) (State or foreign country)

14. Maiden name Abbie Richardson
 (City, town, or county) (State or foreign country)

15. Birthplace Massachusetts
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Abbie Fiske

(b) Address 318 N. Woodlawn

17. (a) Cremation (b) Date thereof 5/4/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar

19. (a) MAY 3 - 1940 (b) W. R. Meyer, D. D. W.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 318 North Woodlawn
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1930
May 2, 1930, to May 2, 1940
 that I last saw him alive on May 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cancer of sigmoid colon
 Due to _____
46
 Due to _____

Other conditions metastasis of cancer
 (Include pregnancy within 3 months of death)

Major findings: throughout abdomen
 Of operations inoperable cancer of
sigmoid colon
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Paul E. Rutledge (M. D. or other) _____
 Address 227 N. Kirkwood Rd. Kirkwood Date signed 5/3/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 7 - 1942

W. ...
227 N. Kirkwood
KI-842
8 to 9:30 A.M. 3 to 5 P.M.

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 Albert E. White, Registered Apprentice No. 209 working under my personal supervision.

Signed J. Wm. Binkley
Licensed Embalmer No. 3653
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, above space should be left blank.