

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.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH		State File No. 33946	
Registration District No. 791		Primary Registration District No. 1003		Registrar's No. 8643	
1. PLACE OF DEATH:					
(a) County _____					
(b) City or town <u>St. Louis</u>					
(c) Name of hospital or institution: <u>6051 Emma Ave</u> (If not in hospital or institution, write street number or location)					
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)					
In this community <u>49yrs. 11mos 12das</u>					
3. (a) PRINT FULL NAME <u>TILLIE FISHBECK</u>					
3. (b) If veteran, name war <u>no</u>					
3. (c) Social Security No. <u>none</u>					
4. Sex <u>female</u>					
5. Color or race <u>white</u>					
6. (a) Single, widowed, married, divorced <u>single</u>					
6. (b) Name of husband or wife _____					
6. (c) Age of husband or wife if alive _____ years					
7. Birth date of deceased <u>Nov. 5, 1890</u> (Month) (Day) (Year)					
8. AGE: Years Months Days If less than one day <u>49</u> <u>11</u> <u>12</u> hr. min. <u>0</u>					
9. Birthplace <u>St. Louis MO.</u> (City, town, or county) (State or foreign country)					
10. Usual occupation <u>Housework</u>					
11. Industry or business _____					
MOTHER FATHER { 12. Name <u>Henry Fishbeck</u>					
13. Birthplace <u>St. Louis, Mo.</u> (City, town, or county) (State or foreign country)					
14. Maiden name <u>Anna Mary Gibbons</u>					
15. Birthplace <u>St. Louis, Mo.</u> (City, town, or county) (State or foreign country)					
16. (a) Informant's own signature <u>Mrs Anna Vaccaro</u>					
(b) Address <u>6051 Emma Ave</u>					
17. (a) <u>Burial</u> (b) Date thereof <u>Oct. 21, 1940</u> (Burial, cremation, or removal) (Month) (Day) (Year)					
(c) Place: burial or cremation <u>Calvary Cemetery</u>					
(d) Signature of funeral director <u>Goodland Goodhart</u>					
(b) Address <u>2228 St. Louis Ave.</u>					
19. (a) <u>OCT 20 1940</u> (b) <u>J. F. Fisher</u> (Date received local registrar) (Registrar's signature)					
2. USUAL RESIDENCE OF DECEASED:					
(a) State <u>Missouri</u> (b) County _____					
(c) City or town <u>St. Louis</u> (If outside city or town limits, write "RURAL")					
(d) Street No. <u>6051 Emma Ave</u> (If rural, give location)					
(e) If foreign born, how long in U. S. A. _____ years					
MEDICAL CERTIFICATION					
20. DATE OF DEATH: Month <u>Oct</u> day <u>17</u> year <u>1940</u> hour <u>12:10</u> minute <u>P.</u> M.					
21. I hereby certify that I attended the deceased from <u>10/7/40</u> 19 <u>40</u> to <u>10/17</u> 19 <u>40</u> that I last saw him alive on <u>10/16</u> 19 <u>40</u> and that death occurred on the date and hour stated above.					
Immediate cause of death <u>Chronic Myocarditis</u> Duration _____					
Due to _____					
Due to _____					
Other conditions <u>Chronic Intestinal Myositis</u> (Include pregnancy within 3 months of death) <u>caused by chr. int. nephritis</u>					
Major findings: _____					
Of operations _____					
Of autopsy <u>131</u>					
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 place of place)					
(b) Means of injury _____					
23. Signature <u>Chas. C. Hester</u> (M. D. or other) _____					
Address <u>3157 1/2 Park Ave</u> Date signed <u>10/18/40</u>					

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Charles Goodrich

Licensed Embalmer No. *2777*

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.