

FILED SEP 7 1948

State File No. _____

Registration District No. 387

Primary Registration District No. 6076

Registrar's No. 2045

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Shamrock Nursing Home 4
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6179 Westminister
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SAM J. FISHELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 14, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Station Master

11. Industry or business Railroad

12. Name Ferdinand Fishell

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

14. Maiden name Lizz Zicher

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

16. (a) Informant Arthur Fishell

(b) Address 530 Union Ave.

17. (a) Burial (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) 8-30-48 (b) Gene J. Shapko
(Date received local registrar) (Registrar's signature)

Address 8231 Clayton Rd 17 Date signed 8/30/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from January 16, 1948 to August 30, 1948
that I last saw him alive on August 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral malacia Duration 1 yr

Due to Arterio-sclerotic Cerebrovascular disease 3 yrs

Due to _____

Other conditions Senile dementia 1 yr
(Include pregnancy within 3 months of death)

Major findings: 93.D

Of operations _____

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)

Means of injury _____

Signature Lewis Lehmann (M. D. or other) MD

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

John Ketter

Licensed Embalmer No. 3880

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