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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38933**  
Registrar's No. **2660**

**FILED DEC 4 1948**  
Registration District No. **377**

Primary Registration District No. **3065**

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

**1. PLACE OF DEATH:**

(a) County Saint Louis

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

(c) Name of hospital or institution:  
850 Chelsea  
(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 15 Years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Benjamin Edwards Fisher.

3. (b) If veteran, name war None

3. (c) Social Security No. 488-07-5790

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Beulah T. Fisher

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 22 - 1906  
(Month) (Day) (Year)

8. AGE: - Years	Months	Days	If less than one day
<u>42</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager Southwestern

11. Industry or business Bell Telephone Company

12. Name John J. Fisher

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Edmunds

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah T. Fisher

(b) Address 850 Chelsea Ave, Glendale, Mo

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delman Blvd

19. (a) 11-14-48 (b) Beulah T. Fisher  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town Glendale  
(If outside city or town limits, write "RURAL")

(d) Street No. 850 Chelsea  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 13 th  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1946  
to Nov 13 1948  
that I last saw him alive on Nov 13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 minutes

Due to Coronary Disease 3 years

Due to 940

Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings:  
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)

(e) Means of injury \_\_\_\_\_

Signature J.H. Jones (M. D. or other) \_\_\_\_\_  
Address 4500 Olive St Date signed Nov 15 48

4500  
2-4:30  
-P.O. 2866  
Blaine

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**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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, fact should be so stated above.**