

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3560
Registrar's No. 00142

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 607b		Registrar's No. 00142	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis 96			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberson		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberson			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fee Fee Road Route #2				d. STREET ADDRESS (If rural, give location) Fee Fee Road Route #2			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) ?		c. (Last) Fister		4. DATE OF DEATH (Month) (Day) (Year) January 19 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27 1889	
9. AGE (In years last birthday) 59		10. KIND OF BUSINESS OR INDUSTRY R.R. Express		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY R.R. Express		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Frank Fister			13b. MOTHER'S MAIDEN NAME Catherine Raup			14. NAME OF HUSBAND OR WIFE Ida. C. Fister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Ida. C. Fister ADDRESS Fee Fee Road Roberson Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary occlusion DUE TO (b) 940 DUE TO (c) 1201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
19a. DATE OF OPERATION 6-11		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 6, 1948 to June 19, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at Le. 03748, from the causes and on the date stated above.							
23a. SIGNATURE Herman J. Roberson M.D. (Degree or title)				23b. ADDRESS 806 21 1/2 Ball Rd.		23c. DATE SIGNED 1/20/29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 22 1949		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Bridgeton Mo	
DATE REC'D BY LOCAL REG. 1-21-49		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave	

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

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Dr. Kloecker

9621 Saefklin Rd

130 P.M.

FEB 21 1948

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. 102

working under my personal supervision.

Signed Anthony Bonn
Student Embalmer

Signed Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiannet

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.