

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1009

State File No. 10421
2220

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 9857 Berwick Drive				
3. NAME OF DECEASED (Type or Print)			a. (First) Clifford		b. (Middle) G.		c. (Last) Fisher	
4. DATE OF DEATH		5. SEX Male						
(Month) / (Day) (Year) March 6, 1950		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 7, 1908		
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Clerk		10b. KIND OF BUSINESS OR INDUSTRY M K & T Railroad		9. AGE (In years last birthday) 41		
11. BIRTHPLACE (State or foreign country) St. Louis		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U S		11. BIRTHPLACE (State or foreign country) St. Louis		
13a. FATHER'S NAME Philip J. Fischer			13b. MOTHER'S MAIDEN NAME Elizabeth Bock			14. NAME OF HUSBAND OR WIFE Dorothy Hering Fisher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Dorothy Fisher, 9857 Berwick Dr., Affton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombus Diabetes Mellitus ANTECEDENT CAUSES Glomeruli Nephritis DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		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) 2607				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 March 1930 to March 6, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:50P. from the causes and on the date stated above.								
23a. SIGNATURE Flora Stewart (Degree or title)				23b. ADDRESS		23c. DATE SIGNED 7/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9, 1950		24c. NAME OF CEMETERY OR CREMATORY St Trinity Luth. Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. MAR 7 1950		REGISTRAR'S SIGNATURE J. B. Kauter			25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home, 1936 St. Louis			

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

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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.