

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24756
Registrar's No. 6669

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6669</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>DePaul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4201 Washington Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle)		c. (Last) <u>Fisher</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>4,</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 19, 1860</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Theler</u>		14. NAME OF HUSBAND OR WIFE <u>Louise</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Barrett</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>act of herpes cerebral pore des</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>unk</u> <u>6 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>11-18, 1949</u> , to <u>8-9, 1950</u> , that I last saw the deceased alive on <u>8-3, 1950</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne O. Gula</u> (Degree or title) _____				23b. ADDRESS <u>2739 No. Grand</u>		23c. DATE SIGNED <u>8-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion</u>		24d. LOCATION (City, town, or county) (State) <u>7401 St. Charles Rock Rd.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrigan-Sheahan</u> ADDRESS <u>4700 Washington Blvd</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

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.