

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

318

2518
State File No. 770
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 100	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) (unk)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259
d. FULL NAME OF HOSPITAL OR INSTITUTION Aberdeen Hotel			d. STREET ADDRESS (If rural, give location) 1534 Market St		
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) XX	c. (Last) FISHER	4. DATE OF DEATH (Month) (Day) (Year) 1-22-1951	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (unknown) 0	8. DATE OF BIRTH (unknown)	9. AGE (In years last birthday) ab. 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) (unknown)	12. CITIZEN OF WHAT COUNTRY? Unk	9
13a. FATHER'S NAME (unknown)		13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE (unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Aberdeen Hotel	ADDRESS 1534 Market St		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asthma, Cardiac Hypertrophy</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chronic Arthritis</i> 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.				INTERVAL BETWEEN ONSET AND DEATH 023 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:5A</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Jacob E. Rayler</i>			23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>1-24-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0	24b. DATE <i>1/26/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo</i>		
DATE REC'D BY LOCAL REGISTRY <i>JAN 2 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Luster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i>		
			ADDRESS <i>4715 McPherson</i>		

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

