

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

10075

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100E

Registrar's No. 2536

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100E		Registrar's No. 2536										
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) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2289										
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 22 1710 Hickory Street												
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle)		c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) MAR. 12 1951										
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 2-14-1893		9. AGE (In years last birthday) 58	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours			Min.
IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR														
Months	Days	Hours														
		Min.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) Mountain View, Mo.		12. CITIZEN OF WHAT COUNTRY?										
13a. FATHER'S NAME William Fisher		13b. MOTHER'S MAIDEN NAME MINNIE ROBINSON		14. NAME OF HUSBAND OR WIFE Mary												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		18. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Fisher 1710 Hickory 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to undetermined cause ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Bronchopneumonia (minimal)				INTERVAL BETWEEN ONSET AND DEATH										
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H9IX												
22. I hereby certify that I attended the deceased from 3-4-51, 19__, to 3-12-51, 19__, that I last saw the deceased alive on 3-12-51, 19__, and that death occurred at 5:30 pm., from the causes and on the date stated above.																
23a. SIGNATURE Robert H. Wagner, M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-12-51										
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-19-51	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) WINONA, MISSOURI											
DATE RECEIVED BY LOCAL HEALTH DEPT. 19 1951		REGISTRAR'S SIGNATURE J. B. Sorensen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette Av												

(Licensed Embalmer's Statement on Reverse Side)

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

2536

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 3363

P. O. Address St Louis

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.