

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42925

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11051**

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|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2019 | |
| d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | d. STREET ADDRESS (If rural, give location) 5805 Lotus Ave. | |

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|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|---------------------|
| 3. NAME OF DECEASED (Type or Print) THOMAS E. FISHER | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 26, 1884 | 9. AGE (In years last birthday) 67 | 10. MONTHS 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman-St. Louis Public Serv. Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Public Serv. Co. | | 11. BIRTHPLACE (State or foreign country) Moselle, Mo. | |
| 12. CITIZENSHIP OF WHAT COUNTRY | | | | | |

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| 13a. FATHER'S NAME William Fisher | 13b. MOTHER'S MAIDEN NAME Fanny Unknown | 14. NAME OF HUSBAND OR WIFE Etta Fisher |
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| 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. 494-01-0604 | 17. INFORMANT'S SIGNATURE OR NAME Etta Fisher | ADDRESS 5805 Lotus Ave. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus accident | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular accident | | |
| | DUE TO (c) Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Hypertrophy Prostate | | | |

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| 19a. DATE OF OPERATION 12-10-51 | 19b. MAJOR FINDINGS OF OPERATION Benign Hypertrophy Prostate & Bleeding | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 610X |

22. I hereby certify that I attended the deceased from **11-29-1951** to **12-12-1951**, that I last saw the deceased alive on **12-11-1951**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. M. CANNON (Degree or title) M.D. | 23b. ADDRESS 714 University Club Bldg. St. Louis, Mo. | 23c. DATE SIGNED 12-13-51 |
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|----------------------------------------------------------|--------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Dec. 14, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. DEC 14 1951 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed William P. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 5028 L. King Street

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.