

STANDARD CERTIFICATE OF DEATH

State File No. **43491**

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **4122**

1. PLACE OF DEATH a. COUNTY St. Louis		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) Clayton		c. LENGTH OF STAY (in this place) 11 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		g. CITY (If outside corporate limits, write RURAL and give township) Lemay Lark Avenue 4860	
		d. STREET ADDRESS (If rural, give location) 996I Lark Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) H. c. (Last) FISHER			4. DATE OF DEATH (Month) (Day) (Year) 12 26 51		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH February 24, 1874		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 10 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) England, Naturalized by marriage	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Carroll		13b. MOTHER'S MAIDEN NAME Frances Magee		14. NAME OF HUSBAND OR WIFE George Edward 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 ADDRESS Mary Heitz 996I Heitz Lemay 23, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis and Hypertension ANTECEDENT CAUSES Heart Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH	
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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)	
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 **10-11**, 19**51**, to **12-26**, 19**51**, that I last saw the deceased alive on **12-26**, 19**51**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Salvatore N. Biggio M.D. (Degree or title)		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 12-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/29/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
				24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri	

DATE REC'D BY LOCAL REG. 12-27-51		REGISTRAR'S SIGNATURE Hubert R. Jones M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U&L Co. 7814 S. Bdwy City II	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

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.