

FILED APR 16 1952

STANDARD CERTIFICATE OF DEATH

State File No. 14258

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2201

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) 38 OR TOWN Olivette 4380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS (If rural, give location) 9321 Old Bonhomme Rd.	

3. NAME OF DECEASED (Type or Print) Mary Woods Fisher			4. DATE OF DEATH March 6, 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 26, 1867		9. AGE (In years last birthday) 84yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Moundsville, West Virginia	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John F. Woods		13b. MOTHER'S MAIDEN NAME Elen Grey		14. NAME OF HUSBAND OR WIFE Christian F. Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. Stanley Fisher 3027a Magnolia	

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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chl Myocarditis DUE TO (c) generalized arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 24 hrs ? ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) St Louis		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9no	
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? 14201	

22. I hereby certify that I attended the deceased from March 5, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Stahlhoff MD		23b. ADDRESS 512 - Dour Place		23c. DATE SIGNED 3/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo	

DATE REC'D BY LOCAL MAR 7 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gledander & Sons 6125 Dolan	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

617 *[Handwritten]*

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 *Jos. E. McCullough*

Licensed Embalmer No. *2460*

P. O. Address *175 Dillman*

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.