

FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

3063

318

1003

Registrar's No.

0948

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1211 Clinton</u> <u>2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>26 St. Louis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSS</u> b. (Middle) c. (Last) <u>FAIR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 31, 1870</u>
9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>82</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>VERMONT, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>PAUL FAIR, 4004 MAFFETT, ST. LOUIS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>357-10-9899</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PAUL FAIR, 4004 MAFFETT, ST. LOUIS</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overinflation of Sigmoid</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis Heart Disease with Deformation</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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		<u>5721</u>	
22. I hereby certify that I attended the deceased from <u>January 21, 1953</u> to <u>January 26, 1953</u> , that I last saw the deceased alive on <u>January 26, 1953</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>James K. Pittsford M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.</u>	
23c. DATE SIGNED <u>1-26-53</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 29, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith</u>		25b. ADDRESS <u>2301 LAFAYETTE</u>	
DATE REC'D BY LOCAL REG. <u>JAN 27 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*R. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.