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

FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4280

BIRTH NO. / REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0035

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch
c. LENGTH OF STAY (In this place): 44 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2229
d. STREET ADDRESS (If rural, give location): 1404 Papin

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hosp

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) c. (Last) Fisher

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: N

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 14. 1893

9. AGE (If less than 1 year last birthday): 59 — If under 1 year: Months 10, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: SCULLIN STEEL

11. BIRTHPLACE (City and State or Foreign Country): St. Louis. Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Fisher

13b. MOTHER'S MAIDEN NAME: Cynthia Baker

14. NAME OF HUSBAND OR WIFE: Beatrice Cross Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 498-07-1381

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Hospital Record. Koch Hosp

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: June 52

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.: 002X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 25, 1951, *to* Jan 1, 1953, *that I last saw the deceased alive on* Jan 1, 1953, *and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Cohen — (Degree or title): M.D. — **23b. ADDRESS**: Robert Koch Hosp. Koch Mo — **23c. DATE SIGNED**: 1/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): St. Louis, County Mo.

DATE REC'D BY LOCAL REG.: 1-6-53

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. H. Randle & Son 3133 Bell Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 J. L. Hatson

Licensed Embalmer No. 2669 A

P. O. Address 2769 Akron Z

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.