

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7539**
Registrar's No. **1262**

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
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) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 3835 Cook Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Lee c. (Last) Fisher		4. DATE OF DEATH (Month) (Day) (Year) 1 31 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Oct 23, 1884
9. AGE (In years last birthday) 68		10. BIRTHPLACE (State or foreign country) Vicksburg, Mississippi	11. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk, R.R.		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	
13a. FATHER'S NAME Alfred Fisher		13b. MOTHER'S MAIDEN NAME Mary Winters	
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. None	
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.		17. INFORMANT'S SIGNATURE OR NAME Mae Cooper 3835 Cook Ave	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
22. I hereby certify that I attended the deceased from Dec 1, 1952, to Jan 31, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? 332X	
23a. SIGNATURE Edward B. Williams M.D. (Degree or title)		23b. ADDRESS 4242 Easton St. Louis	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/5/53	
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. FEB 3 1953		25. FUNERAL DIRECTOR'S SIGNATURE C. W. Roberts 1416 N. Taylor Ave.	

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 _____

Licensed Embalmer No. 4681

P. O. Address St. Louis

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.