

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23289  
1786

State File No. 1786

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1786

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton #820</b>	
c. LENGTH OF STAY (In this place) <b>D.O.A.</b>		d. STREET ADDRESS (If rural, give location) <b>8319 Acorn 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>A</b>	c. (Last) <b>Fisher</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 27, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg. construction</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Fisher</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Groll</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Fisher</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give way or dates of service) <b>WW-1</b>	16. SOCIAL SECURITY NO. <b>198-05-9835</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Fisher</b> ADDRESS <b>8319 Acorn</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural cause</b>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>7955</b>
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) <b>M.D. Local Registrar</b>	23b. ADDRESS <b>651 S. Brentwood Blvd.</b>	23c. DATE SIGNED <b>6-30-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-27-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>
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COPYING BLACK INK—MAKE A PERMANENT RECORD

1875

**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.....

*G. P. Kidwell*

Licensed Embalmer No. 3877

P. O. Address 7027 Bravo

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

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