

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

29952

State File No.

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7201**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2127	
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	
c. LENGTH OF STAY (In this place) 3yrs. 5 M		d. STREET ADDRESS (If rural, give location) 12 5351 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hosp.		e. DATE OF DEATH (Month) (Day) (Year) 7 23 1953	
3. NAME OF DECEASED a. (First) Minnie (Type or Print)		b. (Middle) S.	
c. (Last) Fisher		4. DATE OF DEATH (Month) (Day) (Year) 7 23 1953	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 3-8-1865
9. AGE (In years last birthday) 88		10. MONTHS 4	11. DAYS 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Missouri, St. Clair		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Sylvester Hamilton		13b. MOTHER'S MAIDEN NAME Martha White	
14. NAME OF HUSBAND OR WIFE Samuel Edward Fisher		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. _____		17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri ADDRESS 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Hypertension		5 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		2 yrs.
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 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) 420.1
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? _____

22. I hereby certify that I attended the deceased from **2/20**, 19**50**, to **7/23**, 19**53**, that I last saw the deceased alive on **7/23**, 19**53**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Smith	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 7/23/53
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE JULY-27-53	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO	25. GENERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS General Bridge	
DATE REC'D BY LOCAL REG. JUL 24 1953	REGISTRAR'S SIGNATURE Carl Smith	

(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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St. Louis - Mo*

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.