

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

37177

State File No. 9718

FILED OCT 23 1953

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9718	
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 town) St. Louis		c. LENGTH OF STAY (in this place) 6 hrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				STREET ADDRESS (If rural, give location) 5 5435 Cabanne 2059			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) ROBINSON		c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) October 11, 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 18, 1892	
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY W. Lake Quarries Matl. Co.		11. BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer		13a. FATHER'S NAME Wm. Mills Fisher		13b. MOTHER'S MAIDEN NAME Marguery Beattie		14. NAME OF HUSBAND OR WIFE Mabel Haynes Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI		16. SOCIAL SECURITY NO. 489-03-1593		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John C. McAllister, 7611 Augusta (21)			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fracture of skull; Brain Injury, suffered when struck by door operated by one Frank Golden (col) near intersection of Grand and Franklin about 6:35 pm Oct 10 1953 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis Mo		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 10 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F8124			
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. 25							
23a. SIGNATURE (Degree or title) Frank J. Taylor, Coroner				23b. ADDRESS 1307 Clark Av		23c. DATE SIGNED 10/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 10/12/53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6175 Delmar			

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

2290

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..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed.....
M. H. Alexander

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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