

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45292****12164**

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place) _____		16. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LOUIS CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3441 a Humphrey St. 2169</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>FISHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 24, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 20, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>George Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1 W. W. I</u>		16. SOCIAL SECURITY NO. <u>492-14-1965</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry J. Fisher 3441 a Humphrey</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism Rt. Femoral Artery</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio sclerosis, General</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>  <u>10 years.</u>	
19a. DATE OF OPERATION <u>11-19-53.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Embolism Rt. Femoral Artery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>11-16-53</u> to <u>12-24-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-24-53</u> , 19 <u>53</u> , and that death occurred at <u>10:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Neal W. Lull, M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>12-26-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 26 1953</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Witt Bros. 2929 So. Jefferson Ave.</u>			

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.....  
Signature of Student Embalmer

Signed.....  
*Harold C. Witt*

Licensed Embalmer No. 430

P. O. Address 2929 S.

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.