

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10644

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 714

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland 750A</u>	
c. LENGTH OF STAY (in this place) <u>Unk</u>		d. STREET ADDRESS (If rural, give location) <u>10460 Thrope Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Overland Restorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u> b. (Middle) <u>Fisher</u> c. (Last) <u>Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/20/54</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9 1876</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Bates Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James T. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Holt</u>	14. NAME OF HUSBAND OR WIFE <u>James D. Fisher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Gravin 1408 LeRoy Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>years</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Sept 10 54 to approx 20 54 that I last saw the deceased alive on Mar 18 1954, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy A. Haeberle Sr.</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2438 Woodman</u>	23c. DATE SIGNED <u>April 14 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black Water Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Spring Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/21/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Nornberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wendell D.D.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Alfred J. Boedecker
.....
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hudemann

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.