

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13417

State File No. ....

FILED MAY 5 1954

BIRTH NO. 17529-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3596

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>467</u>	
c. LENGTH OF STAY (In this place) <u>7</u> hours		d. STREET ADDRESS (If rural, give location) <u>21 Seminary Terrace West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stephanie</u>	b. (Middle) <u>Kim</u>	c. (Last) <u>Fisher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 15, 1954</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>single</u>	8. DATE OF BIRTH <u>1954 February 15,</u>	9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> IF UNDER 12 HRS. Min. <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Fisher, Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Eleanor Cramer</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edward Fisher, Jr.</u> ADDRESS <u>Seminary Clayton, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-maturity incompatible with life.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>X</u> DUE TO (c) <u>Y</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>776 X</u>
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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 February 15, 1954, to February 15, 1954, that I last saw the deceased alive on February 15, 1954, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

23. SIGNATURE <u>Geo Nulph</u> (Degree or title)	23b. ADDRESS <u>8505 Delmar</u>	23c. DATE SIGNED <u>26 Feb 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APR 21 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kowland-Aker Mortuary Service</u> ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

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