

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

**FILED DEC 16 1954**

State File No. **42367**  
Registrar's No. **10844**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>42367</b>		Registrar's No. <b>10844</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>7</b>					<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St Louis</b>		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. <b>Home A Phillips Hosp.</b>					e. STREET ADDRESS (If rural, give location) <b>2621 Market Place 2219</b>				
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>David</b>			b. (Middle) _____		c. (Last) <b>Fidler</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 21 1954</b>		
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>unknown</b>		<b>8. DATE OF BIRTH</b> <b>Dec. 24 1903</b>		<b>9. AGE</b> (In years last birthday) <b>50</b> # UNDER 1 YEAR <b>11</b> Days # UNDER 1 HRS. <b>0</b> Hours <b>0</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>musician</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>odd jobs</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St Louis Mo. 0</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <b>unknown</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>unknown</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no.</b> (If yes, give war or dates of service)			<b>16. SOCIAL SECURITY NO.</b> <b># 49125458</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Dorothy Whitted</b> ADDRESS <b>4346 Wright</b>				
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  ANTECEDENT CAUSES <b>Brauchs Pneumonia</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>491X</b>					
<b>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 <b>2451</b> _____, from the causes and on the date stated above.</b>									
<b>23a. SIGNATURE</b> (Signature or title) <b>Patrick J. Taylor Casper</b>					<b>23b. ADDRESS</b> <b>1300 Clark</b>			<b>23c. DATE SIGNED</b> <b>11-26-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>11/30/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale</b>		<b>24d. LOCATION</b> (City, town, or county) <b>St Louis Mo.</b>		<b>(State)</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>NOV 29 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MO</b>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>E. B. Moore</b>			<b>ADDRESS</b> <b>1221 N. Grand Blvd. St Louis Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
Signature of Student Embalmer

Signed..... *Guyton Swan*

Licensed Embalmer No. *450*

P. O. Address *1221 1/2 Ave*

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.