

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42045

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10515

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>4 1/2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>5335 Lucas Hunt Road</i>	
3. NAME OF DECEASED a. (First) <i>HELEN</i> b. (Middle) <i>MARY</i> c. (Last) <i>FISLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>NOV 30 1955</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 19, 1900</i>
9. AGE (In years last birthday) <i>55</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Cario, Illinois</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Christopher C. Murphy</i>		13b. MOTHER'S MAIDEN NAME <i>Ida Hurley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>William O. Fisler, 5335 Lucas Hunt Rd.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of esophagus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>generalized metastasis</i>			
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 <i>150x</i>		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) m.	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 <i>Nov 6, 1955</i> , to <i>Nov 30, 1955</i> , that I last saw the deceased alive on <i>Nov 30, 1955</i> , and that death occurred at <i>11:50 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>H. M. Smit</i>		23c. DATE SIGNED <i>11-30-55</i>	
(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>3903 Olive St.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Dec. 2, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Missouri</i>
DATE REC'D BY LOCAL REG. <i>DEC 1 1955</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ambruster Mortuary, 6633 Clayton Rd.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~per~~..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gregory Hammer*.....

Licensed Embalmer No. *47*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.