

41304-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17838

FILED JUN 11 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4074

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis at University City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2700 LYNDBURST DRIVE</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>STEVEN</u>			b. (Middle) <u>WAYNE</u>		
c. (Last) <u>FISHBURN</u>			4. DATE OF DEATH <u>4 - 10 - 56</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		8. DATE OF BIRTH <u>4 - 9 - 56</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		IF UNDER 24 HRS. Hours Min. <u>18 10</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>HARRY FISHBURN</u>		13b. MOTHER'S MAIDEN NAME <u>DORIS BOWSER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DORIS FISHBURN, St. Louis-21, MISSOURI</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity, not</u>		DUPLICATE WITH LEFT			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>4 - 9, 1956</u> , to <u>4 - 10, 1956</u> , that I last saw the deceased alive on <u>4 - 10, 1956</u> , and that death occurred at <u>9:35 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Mitchell Yanner M.D.</u>		23b. ADDRESS <u>201 S Central Clayton</u>		23c. DATE SIGNED <u>4-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland - Aker 4104 Manchester</u>			
DATE REC'D BY LOCAL REG. <u>APR 25 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

(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, 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.