

XC # 187 08 72 THE DIVISION OF HEALTH OF MISSOURI
REG # 16875 STANDARD CERTIFICATE OF DEATH
SL # 5939 FILED JUN 29 1956 318

State File No. 21800
Registrar's No. 5635

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 2 DAYS	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) 21 2730 LAWTON 2270		
3. NAME OF DECEASED (Type or Print) a. (First) EDDIE b. (Middle) FISHER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6-9-56		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4-10-97	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) STEPHEN, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLIE FISHER		13b. MOTHER'S MAIDEN NAME MOLLIE YOUNG		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 489-05-4584	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE ANTECEDENT CAUSES DUE TO (b) CARDIAC INSUFFICIENCY Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) HYPERTENSIVE HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN UNKNOWN
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)		420.0	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY VA 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 6-7-56, 19, to 6-9-56, 19, and that the above is a true and correct copy and that death occurred at 1:20 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. G. RUMER		23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 6-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/14/56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barricks, Mo.		
DATE REC'D BY LOCAL REG. JUN 13 1956	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave.		

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

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 *Melvin E. Lee*

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

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.