

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28370

State File No.

FILED SEP 6 1956

318

REG. DIST. NO.

1003

Registrar's No.

7130

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>Missouri Pacific Employees 4</u>				e. STREET ADDRESS (If rural, give location) <u>1441 Cutter Ave 2047b</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>FISHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug. 19, 1891</u>	
9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		11. IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Jerry Fisher</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Iva LEE FISHER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>702-12-5357</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Iva Fisher</u>		ADDRESS <u>above</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema - Left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous Pneumothorax - Left</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u> <u>7-26-56</u>
19a. DATE OF OPERATION <u>July 26, 56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thoracotomy - Left - Pneumothorax 527.1</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u></u>		21d. (COUNTY) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>July 26, 1956</u> , to <u>July 31, 1956</u> that I last saw the deceased alive on <u>July 31, 1956</u> and that death occurred at <u>1:20 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph A. Reubeck M.D.</u>				23b. ADDRESS <u>21755 S Grand Blvd</u>		23c. DATE SIGNED <u>Aug. 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 26 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fisher Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 1 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith, Maplewood, Mo.</u>		ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *H. C. Bergers*.....

Licensed Embalmer No. *4029*.....

P. O. Address *Mplw.*.....

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.