

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1956

State File No. **28373**

318

1003

Registrar's No. **6966**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6966	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN St. Louis 423		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Griffin DeLodge Hospital				e. STREET ADDRESS (If rural, give location) Judoy Ave. 9218			
3. NAME OF DECEASED (Type or Print): a. (First) Fister, Joseph b. (Middle) E c. (Last) FISTER, JOSEPH			4. DATE OF DEATH (Month) (Day) (Year) July 26 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH DEC. 15 1887	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Operator, Public Service		10b. KIND OF BUSINESS OR INDUSTRY Postage, Mo.		11. BIRTHPLACE (City and State or Foreign Country) Portage, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANCIS FISTER		13b. MOTHER'S MAIDEN NAME CATHERINE ARR		14. NAME OF HUSBAND OR WIFE Mrs. Frances Fister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-10-9093		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis K. Fister			
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) Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction (old) DUE TO (c) Cerebral vascular accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic abscess, Intracranial aneurysm.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420-1				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) (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 15th July, 1956 , to 26th July, 1956 , that I last saw the deceased alive on 26th July, 1956 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Rowley M.D.				23b. ADDRESS 1325 S. Grand Blvd.		23c. DATE SIGNED 7-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/30/56		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM.		24d. LOCATION (City, town, or county) (State) Page Dale MO.	
DATE REC'D BY LOCAL REG. III 27 1956		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros Inc 2504 Woodson Rd Overland Mo.			

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 14*

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.