

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1956

State File No. 10362
Registrar's No. 10362

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 b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 2199 4439 West Pine Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Lisle			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1956			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH May 5, 1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter - Congress Hotel		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Lisle		13b. MOTHER'S MAIDEN NAME Elizabeth Noonan		14. NAME OF HUSBAND OR WIFE Mrs. Maude K. Lisle	
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. 492-03-6110		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maude K. Lisle, 4439 West Pine Blvd.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES <u>Hypertensive heart disease</u> As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> Hypertension DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1-55 11-12-56</u>

22. I hereby certify that I attended the deceased from Sept 1, 1956 to Nov 12, 1956, that I last saw the deceased alive on Oct 19, 1956, and that death occurred at 7 A.M. from the causes and on the date stated above 1-12-56

23a. SIGNATURE <u>Joseph A. Mueller M.D.</u>	23b. ADDRESS <u>3177 So. Grand</u>	23c. DATE SIGNED <u>11-12-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 14, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. NOV 13 1956	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>	ADDRESS <u>3846 Fenwick Blvd.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. J. M. Mueller
3177 South Grand
G.A. 101 to 12 main

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 469
P. O. Address 3840 Lind

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.