

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43008

11473

|   |   |  |  |   |  |   |  |
|---|---|--|--|---|--|---|--|
| BIRTH NO. _____   |   | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |   | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4477 Beck</b>  |   |  |  | d. STREET ADDRESS (If rural, give location)<br><b>2159 4477 Beck</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Harry</b><br>b. (Middle) <b>A.</b><br>c. (Last) <b>Fisher</b>   |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Dec. 12, 1956</b> |   |  |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                               | 8. DATE OF BIRTH<br><b>Jan. 2, 1893</b>                          |   | 9. AGE (In years last birthday)<br><b>63</b>                                   | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>10</b>                                  | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist Helper</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Johnson Foil</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>George Fisher</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Nagler</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth (Deceased) Ask</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes 1st. W.W.</b>  |   | 16. SOCIAL SECURITY NO.<br><b>489-01-3354</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Wm. Fisher 3236a Pulaski</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laukemia, Chronic</b>  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b>                                     |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>2044</b> |  |  |   |  |   |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>not sequenced</b>         |  |  |   |  |   |  |
| 19a. DATE OF OPERATION _____  |   | 19b. MAJOR FINDINGS OF OPERATION<br><b>none</b>  |  |   |  | 20. AUTOPSY?<br>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) _____   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |   | 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 <b>8 Oct, 1956</b> , to <b>11 Dec, 1956</b> , that I last saw the deceased alive on <b>11 Dec, 1956</b> , and that death occurred at <b>3 a.m.</b> , from the causes and on the date stated above. |   |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>MD Susanna MD</b>  |   |  |  | 23b. ADDRESS<br><b>4205 Virginia</b>  |  | 23c. DATE SIGNED<br><b>13 Dec 56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   | 24b. DATE<br><b>Dec. 14, 1956</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, County, Mo.</b> |   |  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 14 1956</b>  |   | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Wm. Schumacher 3013 Meramec St.</b>  |  |   |  |

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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

*Jack Haupt*

Licensed Embalmer No. 4746

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.