

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14673

State File No.

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2451**

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

1. PLACE OF DEATH a. COUNTY		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) 20 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital		STREET ADDRESS (If rural, give location) 440 Sherwood Dr.	
3. NAME OF DECEASED (Type or Print) a. (First) Will b. (Middle) H. c. (Last) Fisse		4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1883
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Francis H. Fisse	
13b. MOTHER'S MAIDEN NAME Louise Hilbert		14. NAME OF HUSBAND OR WIFE Lucille Ann Reese	
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. 494-03-2461	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Fisse		ADDRESS 440 Sherwood	
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) Hypernephroma of kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases to liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180x	
19a. DATE OF OPERATION 1955		19b. MAJOR FINDINGS OF OPERATION Hypernephroma of kidney & metastases	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 2/19, 1957 , to 3/10, 1957 , that I last saw the deceased alive on 3/10, 1957 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O. W. Mikkelmi, M.D.		23b. ADDRESS 9607 N. Grand	
23c. DATE SIGNED 3/12/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 12, 1957	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 12 57		REGISTRAR'S SIGNATURE Charles Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Parber Aldrich		ADDRESS P. Home Webster Groves	

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 *Laron C. Percy*.....

Licensed Embalmer No. *140*

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.