

Health, Welfare & Public Service
 300
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Item 10. No symptoms will be listed. Autopsy in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18645

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4708

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Jewish Hosp.		d. STREET ADDRESS 8100 Kingsbury	
Length of stay in lb 7 wks.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SARAH FISHER			4. DATE OF DEATH May 19, 1957
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Unk.	
9. AGE (In years last birthday) ab. 77		10. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unk. Bahtel		14. MOTHER'S MAIDEN NAME Unk.	
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. None	
17. INFORMANT Ted Fischer		Address 8100 Kingsbury	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inter + subarachnoid hemorrhage right femur			INTERVAL BETWEEN ONSET AND DEATH 6 weeks
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hyperthyroidism, arteriosclerosis of heart disease, congestive heart failure			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Fell sitting down in chair at home	
20c. TIME OF INJURY - 4 6 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis 117 COUNTY St. Louis STATE Missouri	
21. I attended the deceased from April 6, 1957 to May 17, 1957 and last saw ^{her} _{him} alive on May 17, 1957 Death occurred at 11P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hilton Lember (Degree or title) M.D.		22b. ADDRESS 100 N. Euclid, St. Louis Mo	
22c. DATE SIGNED 5/18/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 5/19/57	
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Enoth		23d. LOCATION (City, town, or county) (State) University City, Mo.	
24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson		25. DATE RECD. BY LOCAL REG. MAY 20 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1957

1957

St. Louis

Mo.

x

Clayton

x

St. Louis

x

8100 Kingsbury

7 wks.

Jewish Hosp.

May 19, 1957

FISHER

SARAH

sp. 77

Unk.

x

Female white

USA

USSR

Housewife

Unk.

Unk. Bachelor

Ted Fischer 8100 Kingsbury

None

No.

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Quinn J. Anderson

Licensed Embalmer No. 42

P. O. Address

11P.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

5/19/57

Rem.

Better Memorial 415 Nicholson