

STANDARD CERTIFICATE OF DEATH

26091

FILED JUL 26 1957

Registration District No. 318

Primary Registration District No. 1003

STATE FILE NUMBER

Registrar's No. 6180

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 4635 Steffens Ave.	
3. NAME OF DECEASED (Type or print) First ANNA Middle FISHER Last FISHER		4. DATE OF DEATH Month July , Day 2 , Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1890
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Harff	
14. MOTHER'S MAIDEN NAME Philopenia Regal		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 Gustave C. Fisher, 4635 Steffens Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.) 332+	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 5 1956 to July 2 57 and last saw her alive on July 1 57 Death occurred at 8:17 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Nussbaum <i>R. A. Nussbaum M.D.</i>		22b. ADDRESS 3801 Grandel Square	
22c. DATE SIGNED 7/2/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7/5/57		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
23d. LOCATION (City, town, or county) (State) Affton Missouri		24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F. HOME, INC., 1936 St. Louis	
25. DATE RECD. BY LOCAL REG. JUL 3 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

Dr. Robt. A. Nussbaum
3701 Grandel Square

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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 Delis J. Krupar

Licensed Embalmer No. 34

P. O. Address St. Louis

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.