

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3940

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 187

300  
-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4440 Lindell Blv</u>	
3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>BROBST</u> Last <u>FISHER</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>20</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 25, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Reading, Pennsylvania</u>
13a. FATHER'S NAME <u>William F. Brobst</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Jane Hippenheimer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>Mrs. Earl W. Fusher, 4440 Lindell</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema.</u> DUE TO (b) <u>Arteriosclerotic Heart Dis.</u> DUE TO (c) <u>Coronary arteriosclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 Hours</u> <u>minutes</u> <u>minutes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>H2O1</u>			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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>11/17/54</u> to <u>1/20/58</u> and last saw her alive on <u>1/20/58</u> Death occurred at <u>9:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Herbert R. Donohue M.D.</u>		22b. ADDRESS <u>4660 Mayland</u>	
22c. DATE SIGNED <u>1/20/58</u>		23d. LOCATION (City, town, or county) (State) <u>Reading, Pennsylvania</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>1-21-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>local</u>		24. FUNERAL DIRECTOR ADDRESS <u>C. R. Lupton &amp; Sons-7233 Delmar</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 20, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be related. All diseases in Part I must be causally related.

acc

Dr. Thomas W. Parker  
4660 Maryland Avenue  
PO 1-6074

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 *Clarence H. Murray* .....

Licensed Embalmer No. *4611* .....  
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.