

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042747

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 312

Primary Registration District No. 590

Registrar's No. 2861

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-57

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Florissant | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Florissant 4001 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 3 Box 85 | | Length of stay in lb 6 yrs | d. STREET ADDRESS (If outside, give location) Rt. 3 Box 85 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle WM. Last FISHER | 4. DATE OF DEATH Month Nov. Day 4 Year 1958 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 30, 1930 | 9. AGE (In years last birthday) 28 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Film Processor | 10b. KIND OF BUSINESS OR INDUSTRY Film Industry | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joseph J. Fisher | 13b. MOTHER'S MAIDEN NAME Bernice Kobesko | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) yes Korean War | 16. SOCIAL SECURITY NO. 489 34 6708 | 17. INFORMANT Address Bernice Fisher Rt. 3 Box 85, Florissant Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | 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 (c) 9731 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inhaled carbon monoxide poisoning |
| 20c. TIME OF INJURY Hour 10:08 Month 11 Day 4 Year 58 | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) car in garage of home | 20f. CITY, TOWN, OR LOCATION Florissant | COUNTY St. Louis | STATE Mo. |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Raymond H. Haw</i> (Degree or title) 3 Coroner | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 11/11/58 |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal | 23b. DATE 11/8/58 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant | 25. DATE RECD. BY LOCAL REG. 11-7-58 | 26. REGISTRAR'S SIGNATURE <i>Herbert P. Dombke MD</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.

 under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert J. Lee Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood 22, Mo*

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.