ealth, Welfare
ublic
ervice

300
-57
203

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-002931
STATE FILE NUMBER 2 839

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2515 North 20th St. — Length of stay in Ib: 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 2515 North 20th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JESSE Middle ELY Last FISHER
4. DATE OF DEATH: Month January Day 23 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: Dec 5, 1876
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Retired 10 yrs
11. BIRTHPLACE (City and state or country): Boonville Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Morris Fisher
13b. MOTHER'S MAIDEN NAME: America Miller
14. NAME OF HUSBAND OR WIFE: Edna Fisher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 355-05-4198
17. INFORMANT: Mrs. Lillian Bramley, 2515 North 20th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure (Left side) — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis — ?
DUE TO (c) 450.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): large scrotal hernia (rt)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Jan 20 1959 to Jan 23 '59 and last saw ~~her~~ him alive on Jan 23 '59
Death occurred at 3:30 PM Jan 23 '59 on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Thomas J. Posey (Degree or title) DO
22b. ADDRESS: 5004 N. Brady St. Louis 7 Mo
22c. DATE SIGNED: 1/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Shepard Funeral Home — ADDRESS: 1167 Hamilton Ave.
25. DATE RECD. BY LOCAL REG.: JAN 26 '59
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Elmo A. Cadwell

Licensed Embalmer No. 4077

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.