

Health, Welfare, Public Service

FILED FEB 10 1959
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SL-17669

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002932
STATE FILE NUMBER
2 981
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

300
-57

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|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 8 ¹⁵ C. CITY OR TOWN BELLEVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE., 16 HRS. 20 MINS | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1508 JAY STREET | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH H. FISHER | | | 4. DATE OF DEATH Month Day Year 1/27/59 | | |
| 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 4/20/87 | | 9. AGE (In years last birthday) 71 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) E. ST. LOUIS, ILLINOIS / | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME HARRY FISHER | | 13b. MOTHER'S MAIDEN NAME CAROLINE URBAN | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES | | 16. SOCIAL SECURITY NO. 48-05-2843 | 17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION ACUTE PYELONEPHRITIS WITH ABSCESSSES DIFFUSE INFILTRATING CARCINOMA OF STOMACH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1/29/59 | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE | | 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. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 1/26/59 to 1/27/59 and last saw him alive on 1/27/59 Death occurred at 8:20 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE JUSTUS W. GEORGE, M.D. | | | 22b. ADDRESS VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 1/27/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 1-30-1959 | 23c. NAME OF CEMETERY OR CREMATORY NATIONAL | | 23d. LOCATION (City, town, or county) (State) JEFFERSON BIRKS MO |
| 24. FUNERAL DIRECTOR Harry Robins | | ADDRESS E. St Louis Ill. | | 25. DATE RECD. BY LOCAL REG. JAN 28 '59 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |

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.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank Probst*

Licensed Embalmer No. *4356*
P. O. Address *St. Louis 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.