

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026630
STATE FILE NUMBER

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2** **5830**

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1992

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 4401 McPherson Ave.	
3. NAME OF DECEASED (Type or print) First VIOLA Middle B. Last FISHER		4. DATE OF DEATH JUNE 19, 1959 Month Day Year	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. George D. Fisher		10b. KIND OF BUSINESS OR INDUSTRY Optical Co.	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Eugene Benoist		13b. MOTHER'S MAIDEN NAME Elmiray Lee	
14. NAME OF HUSBAND OR WIFE Mr. George D. Fisher		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.		17. INFORMANT Address Mrs. Frances Bryan, 4611 Maryland 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			INTERVAL BETWEEN ONSET AND DEATH 4 HOURS
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			YEARS
DUE TO (c) _____			332x
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.)	
20c. TIME OF INJURY Hour _____ 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 AUG. 23, 1943 to JUNE 19, 1959 and last saw her alive on JUNE 19, 1959 Death occurred at 12:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) JR Bradley M. D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 6/19/59		23a. LOCATION (City, town, or county) (State) St. Louis, Missouri	
23b. DATE June 20, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23e. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. JUN 19 '59	
24. FUNERAL DIRECTOR ADDRESS 3840 Lindell Blvd.		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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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 Francis Williamson

Licensed Embalmer No. 3565
P. O. Address 3840 Linde

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.