

318 Primary Registration District No. 1003 Registrar's No. 2151

AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				Length of stay in 1b		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 21 Alex. Bros. Hosp.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 218 W. Glendale Rd.	
3. NAME OF DECEASED (Type or print) First Walter Middle T. Last Fisher				4. DATE OF DEATH Month Mar. Day 3 Year 1961			
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20, 1900	
				9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nebraska	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME Wm. L. Fisher		13b. MOTHER'S MAIDEN NAME Ann Sorenson	
				14. NAME OF HUSBAND OR WIFE Addie 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 Webster Groves, Mo. Addie Fisher 218 W. Glendale Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) generalized carcinomatosis (abdominal) <i>generalized carcinomatosis (abdominal)</i> DUE TO (b) carcinomatosis due to carcinoma of stomach <i>carcinomatosis due to carcinoma of stomach</i> DUE TO (c) To Carcinoma Stomach <i>To Carcinoma Stomach</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151x PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.		Month, Day, Year					
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 July 61 to 3 March 61 and last saw her/him alive on 2 Feb 61 Death occurred at 3 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Louis T. Litton (Degree or title) <i>Louis T. Litton M.D.</i>				22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 3-3-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3-6-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Lemay, MO.	
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. MAR 3 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr Litgow
no theatre blog
IL-51979
619-2-84-11

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

David Van Fossan

Licensed Embalmer No. 4242

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.