

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. **1483162**

318

SL 7829 1003

Registrar's No.

7445

61-030732

STATE FILE NUMBER

30732

FILED AUG 18 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

CLEARED THROUGH THE CORONERS OFFICE BY DR. PARSONS.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Length of stay in lb 33 DAYS		c. CITY OR TOWN MOSELLE		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, ST. LOUIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDGAR L FISHER				4. DATE OF DEATH Month Day Year 8/9/61			
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 1/21/96	9. AGE (last birthday) 65	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) RAILROAD WORKER			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) MOSELLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOE FISHER			13b. MOTHER'S MAIDEN NAME MATTIE SPICKS			14. NAME OF HUSBAND OR WIFE BIRDIE FISHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. UNK		17. INFORMANT BIRDIE FISHER (WIDOW) SEE # 2 Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <i>O.K. I believe</i> <i>John M. ...</i> <i>symp ...</i> IMMEDIATE CAUSE (a) PULMONARY EDEMA OR (b) ARTERIOSCLEROTIC HEART DISEASE OR (c) H2O.D Reasons, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 21 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FULL THICKNESS BURNS OF BOTH LOWER EXTREMETIES					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 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. 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	
21a. I attended the deceased from 7/7/61 to 8/9/61 and last saw <input checked="" type="checkbox"/> alive on 8/9/61				Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) WILLIAM A BURKE William A. Burke M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-12-61	23c. NAME OF CEMETERY OR CREMATORY Moselle Cem.		23d. LOCATION (City, town, or county) (State) MOSELLE MO			
24. FUNERAL DIRECTOR STANLEY E. MEYER Union Mo.			25. DATE RECD. BY LOCAL REG. AUG 10 1961		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1961

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union, N.J.

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.