

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

100331

State File No.

1003

2211

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 2211	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 3650 SHAW AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3650 SHAW AVE 1				d. STREET ADDRESS (If rural, give location) 3650 SHAW AVE			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) _____		c. (Last) FISHELL		4. DATE OF DEATH (Month) (Day) (Year) MARCH 8, 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 29, 1868	
9. AGE (In years last birthday) 81		10. MONTHS 1		11. DAYS 9		12. IF UNDER 14 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN				10b. KIND OF BUSINESS OR INDUSTRY RICE-STIX DRY GOODS Co.		11. BIRTHPLACE (State or foreign country) ALTON, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME FERDINAND FISHELL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARIE FISHELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-18-6305		17. INFORMANT'S SIGNATURE OR NAME MRS MARIE FISHELL ADDRESS 3650 SHAW AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes, Arteriosclerosis, Myocarditis chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 61. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-18, 1947 , to 3-8, 1949 , that I last saw the deceased alive on 3-6, 1949 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Philip Schuck M.D.				23b. ADDRESS 1703 S. Grand		23c. DATE SIGNED 3.9.49	
24a. BURIAL, CREMATION, CREMA-TION REMOVAL (Specify) CREMATION		24b. DATE MARCH 10, 1949		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. MAR 10 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE WMJ. Robert L. + G. C.		ADDRESS 1905 So. GRAND BND	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1703 SO. GRAND BND

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
Student Embalmer

Signed _____

J. Allen Davis Jr.
Licensed Embalmer No. 4053

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 this body is not embalmed, fact should be so stated above.