

No. 300
10.48

FILED MAY 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 17247

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4110

n.R.

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. <u>St. Louis</u> <u>St. Clair</u> <u>9911</u>	
b. CITY (If within corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, give R.U.M. and give township) <u>East St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>1915 Lawrence</u> <u>2</u>	

3. NAME OF DECEASED (Type or Print) <u>Richard Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3-49</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May-2-1884</u>	9. AGE (In years last birthday)	10. 1 YEAR	11. 1 DAY	12. UNDER 24 HRS.
		<u>Married</u>		<u>65</u>	<u>—</u>	<u>7</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>West Point, Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>American</u>
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13. FATHER'S NAME <u>Daniel Fisher</u>	13b. MOTHER'S MAIDEN NAME <u>Maudell Brown Bulah Fisher</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>355-01-2305</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie B. Fisher</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gulmonary Embolism</u>		<u>10 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration Pt. leg</u> DUE TO (c) <u>Arteriosclerotic gangrene</u>		<u>2 wks</u> <u>3 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-20-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gargene R. For</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>98</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4501</u>
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22. I hereby certify that I attended the deceased from 4/10, 1949, to 5/3, 1949, that I last saw the deceased alive on 5/3, 1949, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. ...</u>	23b. ADDRESS <u>68 St. Louis Ill</u>	23c. DATE SIGNED <u>5/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>B. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville Ill</u>
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DATE REC'D BY LOCAL REG. <u>MAY 7 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FORENSIC MEDICINE DIRECTOR'S SIGNATURE <u>J. B. ...</u>	ADDRESS
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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 *me*

working under my personal supervision.

Student Embalmer No. _____

Wm J. O'Connell

Signed _____

Signed.....

Student Embalmer

Licensed Embalmer No. _____

3518

P. O. Address _____

J. S. Harris, Inc.

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.