

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24758

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5961**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

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** **2099**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1917 E. Warne Avenue**

d. STREET ADDRESS (If rural, give location) **1917 E. Warne Avenue**

3. NAME OF DECEASED (Type or Print)
a. (First) **JOSEPH** b. (Middle) **A.** c. (Last) **FISHER**

4. DATE OF DEATH (Month) (Day) (Year)
July 9, 1950

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **February 2, 1883** 9. AGE (In years last birthday) **67**

IF UNDER 1 YEAR Months _____ Days _____

IF UNDER 100 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired butcher,**

10b. KIND OF BUSINESS OR INDUSTRY **Butcher,**

11. BIRTHPLACE (State or foreign country) **Poland,**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Martin Fisher,**

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE **Wladystawa Fisher**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Wladystawa Fisher,** ADDRESS **1917 E. Warne**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary sclerosis**

INTERVAL BETWEEN ONSET AND DEATH **1 + ml +**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **no**

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____ m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **June 13, 1950**, to **July 9, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Albert J. Mastaine** (Degree or title) _____

23b. ADDRESS **2739 N.D. Grand**

23c. DATE SIGNED **7-10-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 13, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JUL 11 1950**

REGISTRAR'S SIGNATURE **J. B. Fasater**

25. FUNERAL DIRECTOR'S SIGNATURE **W. A. Stock,** ADDRESS **2117 E. Grand Blvd.**

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank A. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.