

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35027
Registrar's No. 9452

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 5-MON.		d. STREET ADDRESS (If rural, give location) 3745 Lindell Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3745 Lindell Blvd.			

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Brady c. (Last) Fishburn			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1951		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Mar. 3, 1881	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months 7 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Joshua Jacob Fishburn		13b. MOTHER'S MAIDEN NAME Sue Brady		14. NAME OF HUSBAND OR WIFE Mrs. Lillian Fishburn	
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'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Fishburn, 3745 Lindell Blvd.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic interstitial		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ephritis		
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? 572X

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn, 3 Deputy Registrar		23b. ADDRESS 300 Clark		23c. DATE SIGNED 10/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Oct. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. OCT 26 1951	REGISTRAR'S SIGNATURE Joseph M. Quinn	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell 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.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed..... *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.