

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22034

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5657

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (in this place) <i>None</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4500 Miami</i>			d. STREET ADDRESS (If rural, give location) <i>15 4500 Miami</i>			
3. NAME OF DECEASED (Type or Print) <i>OLIVER</i>		a. (First)	b. (Middle) <i>J.</i>	c. (Last) <i>GISHER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 17 1952</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>AUG 2 - 1881</i>	9. AGE (in years last birthday) <i>70</i>	# UNDER 1 YEAR <i>10</i>	# UNDER 1 MRS. <i>15</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OFFICE - ST. LOUIS</i>	11. BIRTHPLACE (State or foreign country) <i>ST. L. MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>AUGUST GISHER</i>		13b. MOTHER'S MAIDEN NAME <i>LOUISA SCHAOT</i>		14. NAME OF HUSBAND OR WIFE <i>MARGARET - (DEC)</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	(If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clara Tohngarten 206 N. Central - Clayton</i>			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ <i>Coronary Thrombosis</i> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	2. OTHER SIGNIFICANT CONDITIONS					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>				
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 <i>5:34A</i> m., from the causes and on the date stated above.						
22a. SIGNATURE <i>Patrick B. Daylan</i> (Degree or title) <i>Coroner</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>6. 18. 52</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>6-19-52</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine's Emtry</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>			
DATE REC'D BY LOCAL REG. <i>JUN 18 1952</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Louis A Bopp, Inc</i>		ADDRESS <i>Rickwood MO</i>	

G.P. (Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.