

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44819

State File No. _____

FILED JAN 26 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11781

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11781	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri c. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 14 4968 Fairview Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Convalescent Home				d. STREET ADDRESS (If rural, give location) 14 4968 Fairview Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) _____		c. (Last) Fisher		4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 11, 1865	
9. AGE (In years; last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY Own home		13a. FATHER'S NAME George Jansen		13b. MOTHER'S MAIDEN NAME Anna Logging		14. NAME OF HUSBAND OR WIFE Louis Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry H. Walser 4968 Fairview 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> 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. <u>Fracture of left femoral neck</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
19a. DATE OF OPERATION <u>July 6 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bone plate inserted - fracture corrected</u>				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) <u>OTO</u> (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) <u>July 5 1952</u> (Year) _____ (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in her back yard</u>				21g. HOW DID INJURY OCCUR? <u>E9030</u>	
22. I hereby certify that I attended the deceased from <u>June 1952</u> , to <u>Dec. 20, 1952</u> , that I last saw the deceased alive on <u>Dec 20, 1952</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above. <u>20</u>							
23a. SIGNATURE (Degree or title) <u>Clara B. Haste M.D.</u>				23b. ADDRESS <u>4909 Lindenwood</u>		23c. DATE SIGNED <u>1/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Dec. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 22 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister Colonial Mortuary</u>		ADDRESS <u>616 1/2 Chippewa St., St. Louis, Mo.</u>	

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

Dr. Leland Hosto
4909 Lindenwood Ave.
SW 6134

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 Harry J. Schomacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.