

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1953

State File No. **40447**
Registrar's No. **10786**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

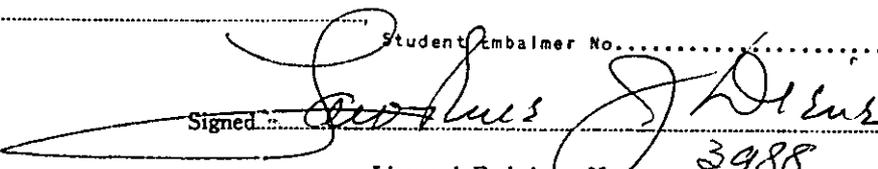
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|---|-------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) 1 day | c. CITY (If outside corporate limits, write RURAL and give township) University City | | 7-336 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. | | | d. STREET ADDRESS (If rural, give location) 826 Leland | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry E. b. (Middle) FISCHLOWITZ c. (Last) Fisher | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 27, 1902 | | 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Life Ins. | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Henry Fischlowitz | | 13b. MOTHER'S MAIDEN NAME Bertha Weinberg | | 14. NAME OF HUSBAND OR WIFE Bess | |
| 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. Unk. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bess Fisher 826 Leland | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma - Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Kidney Carcinoma 5 yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" 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? 180X | | |
| 22. I hereby certify that I attended the deceased from April, 1953 to Nov 12, 1953 , that I last saw the deceased alive on Nov 12, 1953 , and that death occurred at 4:15 P. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Jerome C. Cook, M.D. | | | 23b. ADDRESS 4409 W. Pine | | 23c. DATE SIGNED 11-13-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/15/53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive | 24d. LOCATION (City, town, or county) (State) University City Mo. | | |
| DATE REC'D BY LOCAL REG. NOV 18 1953 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson | |

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, ~~only~~

~~under my direct supervision.~~

Student Embalmer No.

Signed: 

Signed.....

Student Embalmer

Licensed Embalmer No. 3988

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.