

FILED JUN 8 1954 STANDARD CERTIFICATE OF DEATH

State File No. 17509

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1181</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lemay</u>)		c. LENGTH OF STAY (in this place) <u>5 Mos.</u>		c. CITY OR TOWN <u>Lemay</u> <u>486</u> ⁰		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 Little Broadway</u>				e. STREET ADDRESS (If rural, give location) <u>411 Little Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>*****</u>		c. (Last) <u>Fisher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17th 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 25th 1899</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Orla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James W Amos</u>		13b. MOTHER'S MAIDEN NAME <u>Unkown</u>		14. NAME OF HUSBAND <u>Mr Ernest Fisher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Ernest Fisher</u>		ADDRESS <u>411 Little Broad-</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right lung crested TB</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Paralysis 2 right side - asphered</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492 x A</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-15</u> , 19 <u>54</u> , to <u>5-17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-17</u> , 19 <u>54</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>Dr. Royal S. Felt</u>				23b. ADDRESS <u>7110 Main Highway Cor.</u>		23c. DATE SIGNED <u>5/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Way 21st 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anutt City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Anutt, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-20-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fey Funeral Home</u>		ADDRESS <u>4100 Lemay Ferry Rd Lemay 25, Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Bill C. Drouin*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.