

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24530

State File No.

No. 300

10.48

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6634	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Victoria Conv. Home				e. STREET ADDRESS (If rural, give location) 3435 Shenandoah 2179			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle)		c. (Last) FISHBACK	
4. DATE OF DEATH		(Month) (Day) (Year)		7-17-54			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-13-1863	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Samuel Fishback			13b. MOTHER'S MAIDEN NAME Rebecca Davis			14. NAME OF HUSBAND OR WIFE Hattie Fishback	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. M. Cash, 3435 Shenandoah			
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) PNEUMONITIS, Acute, bilateral INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS - general 20 years DUE TO (c) hemorrhage cerebral - old 4 years 2 OCCASIONS - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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? 331X			
22. I hereby certify that I attended the deceased from July 7, 1954 , to July 16, 1954 , that I last saw the deceased alive on July 16, 1954 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William A. Moore				23b. ADDRESS Moore 2000 S. 18th St. St. Louis, Mo.		23c. DATE SIGNED 17 July 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-18-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Frankfort, Mo.	
DATE REC'D BY LOCAL REG. JUL 19 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fields F.H. Frankfort, Mo.			

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.....
[Handwritten Signature]

Licensed Embalmer No. 43

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