

42370

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10767

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>3409 Connecticut St.</u> <u>2169</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>DEAN</u> c. (Last) <u>FISHENCOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 8, 1919</u>	9. AGE (in years last birthday) <u>35</u>	10. MONTHS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
13a. FATHER'S NAME <u>Henry Fishencor</u>			13b. MOTHER'S MAIDEN NAME <u>Hallie Laird</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>489-16-5146</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hallie Fishencor</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lung Disease (Space-Occuping-Lesion) Cor Pulmonale.</u> 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 <u>About 4 hrs</u>
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? <u>4343</u>	

22. I hereby certify that I attended the deceased from 11-17, 1954, to 11-24, 1954, that I last saw the deceased alive on 11-24, 1954, and that death occurred at 1:05 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1515 Lafayette Ave.</u>		23c. DATE SIGNED <u>11-26-54</u>	
--------------------------------------	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
---	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>NOV 26 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>	
--	--	---	--	--	--	------------------------------------	--

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Albert R. Thompson

Licensed Embalmer No. 425

P. O. Address.....
H. Lane

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.