

27660

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

7163

Registrar's No.

No. 300  
10-48

FILED SEP 13 1955

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) 6 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY St. Louis

c. CITY OR TOWN Lemay 485

d. Is Residence within limits of a city or incorporated town? Yes  No 

e. STREET ADDRESS (If rural, give location) 104 Sylvia Drive

## 3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

(Type or Print)

Cleva

S.

Fisher

4. DATE OF DEATH (Month) (Day) (Year)

August 15, 1955

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

November 3, 1889

## 9. AGE (In years last birthday)

65

# UNDER 1 YEAR Months

# UNDER 1 YEAR Days

# UNDER 1 YEAR Hours

# UNDER 1 YEAR Mins.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Laclede Gas Co.

## 11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Cleva Fisher

## 13b. MOTHER'S MAIDEN NAME

Ida Francis

## 14. NAME OF HUSBAND OR WIFE

Florence

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

Yes

## 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

WW # 1

## 17. INFORMANT'S SIGNATURE OR NAME

492-30-7765A

## 17. INFORMANT'S SIGNATURE OR NAME

Florence Fisher 104 Sylvia Dr. Lemay, Mo.

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Cirrhosis of liver

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Chronic Calciphylaxis

DUE TO (c)

## 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

581.1

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 4, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug. 14, 1955, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county) (State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

AUG 16 1955

J. Carl Smith md

C. Hoffmeister U. &amp; L. Co.

781 S. Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Harry J. Schuman*.....  
Licensed Embalmer No. *267*

P. O. Address *5814 S. Brown*

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.