

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34738**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8723**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Imperial	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		e. STREET ADDRESS (If rural, give location) 05th	
3. NAME OF DECEASED (Type or Print) a. (First) Mike b. (Middle) Fisco c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 25, 1885
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Austria
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk Fisco	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anne Fisco	
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 Anne Fisco, Imperial, Mo.		ADDRESS	
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) Cerebro-vascular hemorrhage ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
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 Sept 30, 1955 , to Oct 5, 1955 , that I last saw the deceased alive on Oct 5, 1955 , and that death occurred at 11 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE W.D. Hoffmann MD. (Degree or title)		23b. ADDRESS 16 Hampton Villa Plaza.	
23c. DATE SIGNED 10-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify) removal-motor	
24b. DATE 10-8-55		24c. NAME OF CEMETERY OR CREMATORY Assumption Cem.	
24d. LOCATION (City, town, or county) (State) Matteese, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blv. St. Louis, Mo.	
DATE REC'D BY LOCAL REG. OCT 6 1955		REGISTRAR'S SIGNATURE J. Caldwell (Licensed Embalmer's Statement on Reverse Side)	

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

Dr. Hoffman
Hampton Village
1 to 4 p.m.
Fl.1-2854

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 *David J. Farnham*.....

Licensed Embalmer No. *451*

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.