

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43010**BIRTH NO. **9489-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10838**

| | | | | | |
|---|--|---|--|--|--|
| 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. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSP. 2219 1/2 2909th EASTON | | e. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) FISHER c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 11-25-56 | | |
| 5. SEX MALE | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH JAN. 7, 1956 | | 9. AGE (In years last birthday) 10 | | IF UNDER 1 YEAR: Days Hours Mln. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME JAMES FISHER | | 13b. MOTHER'S MAIDEN NAME NORMA HILL | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME NORMA FISHER 2909th EASTON AVE | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | 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 491X | | 20. AUTOPSY? YES <input checked="" 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>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:50 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE James M. Kelly | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 11-27-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 11-28-56 | | 24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM. ST. LOUIS CTY | |
| 24d. LOCATION (City, town, or county) (State) MO | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith m.d. | | ADDRESS A.F. WALTON 2707 STODDARD ST | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *W. Claude Gordon*

Licensed Embalmer No. *3484*

P. O. Address *4575 Ala*

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.