

health, Welfare Public Service
 300 0
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc.: most use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18646

FILED JUN 14 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5201**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Millcreek	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital			Length of stay in lb	d. STREET ADDRESS (If outside, give location) Star Route	
3. NAME OF DECEASED (Type or print)			First	Middle	Last
Ben (Benard) B. Fister					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1884	9. AGE (In years last birthday) 72	4. DATE OF DEATH Month 5 Day 31 Year 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Conductor Public Service			100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Charles County
13. FATHER'S NAME Frank Fister			14. MOTHER'S MAIDEN NAME Unknown		
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. 493-10-8861	17. INFORMANT Mrs. Augustine Fister Millcreek Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis					5 years
DUE TO (c) 332x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease; Bronchopneumonia					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour - Month, Day, Year - a. m. - p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from May 26, 1957 to May 31, 1957 and last saw him alive on May 31, 1957 Death occurred at 1:55 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sylvester A. Fetter Esq. (Degree or title)			22b. ADDRESS 18 So. Kimp Highway		22c. DATE SIGNED 6-3-57
23a. BURIAL INFORMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	6-4-1957	St. Ferdinand Cemetery Florissant Mo.			
24. FUNERAL DIRECTOR ADDRESS os. W. Clark F.H. 1125 Hodiemont Ave			25. DATE RECD. BY LOCAL REG. JUN 3 '57	26. REGISTRAR'S SIGNATURE Carl Smith Mo	

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..... *Alfred J. Boedeker*
Licensed Embalmer No. *20*

P. O. Address *11257th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.