

health, Welfare Public service  
 0000-56  
 All symptoms with be visited.  
 Coroner cannot certify to a death due to natural causes.  
 diseases in Part I must be casually related. Coroner must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29434  
 STATE FILE NUMBER 7215

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <input checked="" type="checkbox"/>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>25 St. Louis City Hospital #1</i>			Length of stay in 1b		STREET ADDRESS <i>3225 Montgomery</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Clement</b> Middle <b>B</b> Last <b>Fister</b>				4. DATE OF DEATH Month <b>August</b> Day <b>31</b> Year <b>1957</b>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i>		8. DATE OF BIRTH <i>Jan 29 1876</i>		9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Painter</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Clem Fister</i>				14. MOTHER'S MAIDEN NAME —					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. —		17. INFORMANT <i>Mr. Clem Fister</i> Address <i>4844 Lee Ave</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary EDEMA</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)		
							DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>cerebrovascular accident</i>							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"/>			20b. 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 <i>7-28-57</i> to <i>7-31-57</i> and last saw <del>him</del> <i>him</i> alive on <i>7-31-57</i> Death occurred at <i>6:10a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Henry H. Ortweyer, M.D.</i>				22b. ADDRESS <i>1515 Lafayette</i>			22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>8/5/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cabrini Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>			
24. FUNERAL DIRECTOR <i>Robert D. Kinesly</i> ADDRESS <i>2221 St. Louis</i>			25. DATE RECD. BY LOCAL REG. <i>AUG 2 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Harner W. Hill* .....

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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.