

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 59-033792

FILED VS SEP 28 1959

2 8475

STATE FILE NUMBER

Registration District-No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Olivette Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hos'p			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #5 Marbrooke Lane		
3. NAME OF DECEASED (Type or print) First Richard Middle ALAN Last Fisher			4. DATE OF DEATH Month 9 Day 14 Year 59			
5. SEX Male	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/2/35	9. AGE (last birthday) 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Jewish Center		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Mo.		11. BIRTHPLACE (City and state or country) Chicago Ill.		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Myrin Fisher		13b. MOTHER'S MAIDEN NAME Alberta Hyman		
14. NAME OF HUSBAND OR WIFE		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. 496-30-1424		
17. INFORMANT Myron Fisher #5 Marbrooke Lane		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ileo-colitis 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)PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnknownINTERVAL BETWEEN ONSET AND DEATH one year				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 December, 1958 to September, 1959 and last saw ^{sex} him alive on September 13 '59 Death occurred at 2:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J. Prabstein, M.D.			22b. ADDRESS 4500 Olive - St. Louis		22c. DATE SIGNED 9-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 9/15/59	23c. NAME OF CEMETERY OR CREMATORY Valhalla		23d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Rd		
24. FUNERAL DIRECTOR Mayer		ADDRESS 4356 Lindell Blvd		25. DATE RECD. BY LOCAL REG. SEP 14 '59	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

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.