URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–037585

FILED VS OCT 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9292 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b Life

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G.Phillips Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1820 Carr Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Vernice Middle Last Fisher

4. DATE OF DEATH Month Day Year Oct. 9, 1959

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/2/1926

9. AGE (last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY -------

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Webster Fisher

13b. MOTHER'S MAIDEN NAME Reatha Herriman

14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) -------

16. SOCIAL SECURITY NO. ——

17. INFORMANT Odell Lockett-3047 Dickson St. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Massive Intra Cranial Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Penetrating gunshot wound of Skull and Brain. 981X

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when shot with gun in hands of age. Geo. Chappell in room of Home at 1820a Carr Str. on October 8th 1959. about 10.55 pm.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour ~~p.m.~~ 1066 Month, Day, Year 10 8 59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 213 Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 140A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Queen Negro Coun

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 10/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/15/59

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis County, Mo.

24. FUNERAL DIRECTOR Peoples Und.Co. ADDRESS 3100 Franklin, Ave.

25. DATE RECD. BY LOCAL REG. OCT 10 '59

26. REGISTRAR'S SIGNATURE Earl Smith. M.D. E.P.

(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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed N. Claude Gaudet
Signature of Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4500 New

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