

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

--51-038544

STATE FILE NUMBER

Registration District No. FILED NOV 10 1961 Primary Registration District No. _____ Registrar's No. 10287

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 60 Years	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 5875 Clemens		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5875 Clemens
3. NAME OF DECEASED (Type or print) First Middle Last Albert Ewart Albert Ewart FISHER Fisher			4. DATE OF DEATH Month Day Year November 3 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/1881
9. AGE (last birthday) 80		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) Manager, Sec. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Assn. Credit Management	11. BIRTHPLACE (City and state or country) Nottingham, England
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thomas Fisher	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hattie M. Fisher	
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.	17. INFORMANT Address Mrs. Hattie M. Fisher, 5875 Clemens
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured aortic aneurysm abdomen</u> DUE TO (b) <u>Arteriosclerotic heart disease-hypertension</u> DUE TO (c) <u>General arteriosclerosis</u> 451X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 11-7			INTERVAL BETWEEN ONSET AND DEATH Minutes 1956 1946
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 <u>June 28, 1946</u> to <u>November 3, 1961</u> and last saw ^{her} him alive on <u>10-1-56</u> Death occurred at <u>10:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Clark</u> (Degree or title) M.D.		22b. ADDRESS <u>864 Hamilton Blvd</u> <u>St. Louis 12, Missouri</u>	22c. DATE SIGNED <u>11-4-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (R.R.)</u>	23b. DATE <u>11-7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Manchester, York Co., Penn.</u>
24. FUNERAL DIRECTOR <u>Alexander & Sons, 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Robert Smith M.D.</u>

ITEM NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address AP

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.