MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-012637

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2986 STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY –
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Bridgeton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 20 Jane Court
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Timothy; Middle Lane; Last Fisher

4. DATE OF DEATH: Month 3; Day 18; Year 62

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-19-60
9. AGE (last birthday): 1½ yrs.
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)
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Leroy Fisher
13b. MOTHER'S MAIDEN NAME: Mary Wilkerson
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT: LEROY E. FISHER – Address: 20 JANE CT. BRIDGETON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aspiration
DUE TO (c) 491X
INTERVAL BETWEEN ONSET AND DEATH: 4½ days.
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. ☐ 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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-13-62, to 3-18-62 and last saw her/him alive on 3-18-62
Death occurred at 5 45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Eugene Lewis Jr (Degree or title) MD
22b. ADDRESS 634 N. GRAND (3)
22c. DATE SIGNED 3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 3-21-62
23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES PARK
23d. LOCATION (City, town, or county) (State) NORMANDY 21, MO.

24. FUNERAL DIRECTOR BAUMANN BROS INC. FUNERAL HOME
ADDRESS 2504 WOODSON RD. OVERLAND 14, MO.
25. DATE RECD. BY LOCAL REG. MAR 19 1962
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4818-35		
3			
4	0		
5	0		
6			
7	0		
8	1		
9			
10			
11			
12	55-0		
13			

55

BY AFFIDAVIT OF DOCUMENT

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis Mo.

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.