

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8995 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in lb 18 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY _____
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3500 Illinois Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JOHN Middle W. Last FISBECK 4. DATE OF DEATH Month Sept. Day 17, Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-21-8685 9. AGE (last birthday) 76 75 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) formerly: brewery worker 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 William Fisbeck 13b. MOTHER'S MAIDEN NAME Amalia (Fieselman) 14. NAME OF HUSBAND OR WIFE Minnie (Briggs)

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 Records of St. Louis State Hospital

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Inter and subtrochanteric fracture right femur 25 days
DUE TO (c) 9047-45
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis - 5 years. 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) hospital 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from Oct. 23, 1944 to Sept. 17, 1962 and last saw ^{him} him alive on Sept. 17, 1962
Death occurred at 4:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
Thomas Thale, M.D.

22a. SIGNATURE Thomas Thale MD 22b. ADDRESS 5400 Arsenal Street 22c. DATE SIGNED 9-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 9-19-62 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____

24. FUNERAL DIRECTOR ADDRESS Mittelberg-Gerber Colonial Chapel 25. DATE RECD. BY LOCAL REG. SEP 18 1962 26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
8 & 9	9/21/85 & 76	9/21/86 & 75

DOCUMENT Birth Record
BY AFFIDAVIT OF Funeral Director

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59	DATE AMENDED
1	9/21/62
2 <u>224</u>	
3	
4 <u>0</u>	
5 <u>2</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9	
10	
11 <u>000</u>	
12 <u>80-0</u>	
13	

80

2025 RELEASE UNDER E.O. 14176

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 Harvey Kahle

Licensed Embalmer No. 4596

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.

Vertical text on the right edge of the page, possibly a page number or reference code.