

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40292

1. PLACE OF DEATH

County.....

Registration District No. *70*

Township.....

Primary Registration District No. *703*

City *St. Louis* (No. *City 703 p 103*)

File No. *1*

Registered No. *12333*

St. Ward)

2. FULL NAME

(a) Residence. No. *3170 29 11* St., *70* Ward.

Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Theresa Fisher*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 15 1843*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *83 6 12*

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Sailor.* (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Michael Fisher*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Dora Fisher*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

14. INFORMANT (Address) *St. Louis City 703 p 103*

15. FILED *DEC 29 1925* *May 6 Starbuck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 27 1925*

I HEREBY CERTIFY, That I attended deceased from *Dec 17 1925* to *Dec 27 1925*, that I last saw him live on *Dec 27 1925*, and that death occurred on the date stated above, at *25 d.*

THE CAUSE OF DEATH* WAS AS FOLLOWS: *chronic myocarditis*

CONTRIBUTORY (SECONDARY) *908*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

B DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Stephans*, M. D. *12/27 1925* (Address) *City 703 p 103*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Parkers *Dec 29 1925*

20. UNDERTAKER ADDRESS

Thos. H. Biderwiedny *1936 St Louis Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Fishes