

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

Do not use this space.

22518

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **1014** **Marion**)

File No.....  
Registered No. **6724**  
St. .... Ward)

**2. FULL NAME**

**Demeter Fisher**  
(a) Residence. No. **1014 Marion** St. **23** Ward.

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

**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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 26 - 1883**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>45</b>	<b>1</b>	<b>0</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Mechanic**  
(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) **Not known**

10. NAME OF FATHER **Not known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

14. INFORMANT **Terezfa Fisher**  
(Address) **1014 Marion Ave.**

15. FILED **27** **Mar** **27** **1928**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 26 1928**

17. I HEREBY CERTIFY That I attended deceased from **6-8**, 19**28**, to **6-25**, 19**28**, that I last saw him alive on **6-25**, 19**28**, and that death occurred, on the date stated above, at **4145A**, m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**130**  
**93A Acute Interstitial Nephritis**

CONTRIBUTORY **Acute Myocarditis**  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **128**  
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Geo W Reese**, M. D.

**6/25**, 19**28** (Address) **3155 So Grand**

\*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 **St. Peter + Paul** DATE OF BURIAL **6-28 1928**

20. UNDERTAKER **Zigandum Dist. 2638 6th Ave St.**  
ADDRESS

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

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.

