

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

Do not use this space.

6898

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No.....  
 Township..... Primary Registration District No. 1023 Registered No. 1749  
 City St Louis, Mo. (No. 819 N 20th Street) St. .... Ward)

**2. FULL NAME**

Siggie Fisher  
 (a) Residence. No. 819 N-20th St., 21 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Cal.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-16-1884</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>11</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

9. BIRTHPLACE (CITY OR TOWN) not known  
 (STATE OR COUNTRY) Miss

PARENTS	10. NAME OF FATHER <u>John Adams</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Birmingham</u> (STATE OR COUNTRY) <u>ala</u>
	12. MAIDEN NAME OF MOTHER <u>Rosie Williams</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Birmingham</u> (STATE OR COUNTRY) <u>ala</u>

14. INFORMANT Laura Latione  
 (Address) 819 N-20th St.

15. FILED 11 1930 Mar C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14th 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 12th 1930 to Feb 14 1930  
 that I last saw her alive on Feb 14th 1930 and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy (Cerebral)

(duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 7401  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
 (Signed): J. Jacques M. D.  
 (Address) 2135 Market

\*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. Lukesdale, Miss DATE OF BURIAL 2-19 1930  
 20. UNDERTAKER A.S. Deal and Co. ADDRESS 2726 S. 1st

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.

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