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

Do not use this space.

40628

JAN 22 1931

1. PLACE OF DEATH
County St. Louis County — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 368
City (No. St. Vincent's Sanitarium St. Ward)

2. FULL NAME Mrs. Alice Fisher
(a) Residence. No. St Vincents Sanitarium St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvester J Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 84 | " | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Kentucky

PARENTS
10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Sister Raphael, Supt.,
(Address) St. Vincent's Sanitarium

15. FILED 12/28, 1930 Rolla Bracy M.D. REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to Dec 26, 1930, that I last saw her alive on Dec 26, 1930, and that death occurred, on the date stated above, at 4:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
107A
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial pneumonia (5 days)
Senile Dementia (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Eugene J O'Malley, M. D.
12/27, 1930 (Address) Missouri Bldg.

*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 |
|---|---|
| Bellefontaine | Dec 29 1930 |
| 20. UNDERTAKER | ADDRESS |
| Wagoner U. Co | 3621 Olive |

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