

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

Do not use this space.

3706

File No. _____
Registered No. **F 945**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **731**
Township _____ Primary Registration District No. **1005**
City _____ (No. **1917** **O'Harne**)

2. FULL NAME

Mary E. Fisher

(a) Residence No. **1917 E O'Harne** St., **9** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>8-15-1910</i>		
7. AGE	YEARS <i>20</i>	MONTHS <i>5</i>
	DAYS <i>7</i>	IF LESS than 1 day, hrs. or mts.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Office Work 25¢</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <i>Miss Egert & Fuller</i>		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Mo</i>		
PARENTS	10. NAME OF FATHER <i>Joseph Fisher</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Coland 20</i> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <i>Lottie Pruski</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Mo</i>	
14. INFORMANT <i>Joseph Fisher</i> (Address) <i>1917 E. O'Harne Ave</i>		
15. FILED <i>23 1931</i> <i>May C. Standen</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 22 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 11*, 1930, to *Jan 22*, 1931, that I last saw h. *ex* alive on *Jan 22*, 1931, and that death occurred, on the date stated above, at *11:15 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of Heart
MI Myocardial failure
36
930 Sudden (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Bacterial Endocarditis*
Empylocus tenebris Sphaceloma (duration) yrs. *6* mos. ds.

18. WHEN WAS DISEASE CONTRACTED
AT HOME AT PLACE OF DEATH
DISEASE PRECEDE DEATH? *NO* DATE OF
WAS THERE AN AUTOPSY? *NO*
WHAT TEST CONFIRMED DIAGNOSIS *Clinical + Laboratory*
(Signed) *C. H. Lindeman*, M. D.
1-23 1931 (Address) *4126 1/2 Shreve Ave*

*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 *Calvary Cemetery* DATE OF BURIAL *1/26 1931*

20. UNDERTAKER *H. A. Stock and Co* ADDRESS *2117 1/2 Grand*

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.

London
4126
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