

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

Do not use this space.

32768

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 2711, Arlington Ave) St. Ward)

File No.....
 Registered No. **9631**

2. FULL NAME

C. Charles W. Fisher
 (a) Residence, No. 2711 Arlington Ave 6 Ward.

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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Waldemar Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Amalia Rehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs. Adolph P. Fisher 2710 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATES Sept 15, 1931

19. UNDERTAKER (ADDRESS) Geo. L. Gleitsch Inc. 5946 Eastern Ave

20. FILED SEP 14 1931 Max Starvo Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1931 to 9-12-1931

I last saw him alive on 9-12-1931. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis
Infirmitates of old age

Other contributory causes of importance:

162 930

Name of operation Open Heart Date of.....
 What test confirmed diagnosis Open Heart Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D. A. Lamsche, M. D.

(Address) 4885 Tenth Budge

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.

Apr - 1915

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