

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

Do not use this space.

**30211**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
 Township St. Ferdinand Primary Registration District No. 6036 Registered No. \_\_\_\_\_  
 City St. Louis County (No. 6901, W. Florissant a. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward Fisher  
 (a) Residence, No. 6901 W. Florissant a. \_\_\_\_\_ 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 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 Lilian Fisher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1889  
 7. AGE YEARS 43 MONTHS 3 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman 172  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. confectionary  
 10. Date deceased last worked at this occupation (month and year) 5 years 11. Total time (years) spent in this occupation 5 yrs

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

13. NAME Charles Fisher

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Belle M. Daniel

16. BIRTHPLACE (CITY OR TOWN) Jefferson Co (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Lilian Fisher (ADDRESS) 6901 W. Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 23 1932

19. UNDERTAKER J. H. Sullivan (ADDRESS) 2630 Sullivan Bros.

20. FILED 10/5 1932 E. J. Harris Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 3/30/32 19   to 9/20/32 19    
 I last saw him alive on 9/20/32 19  . Death is said to have occurred on the date stated above, at 11:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary hemorrhage. Date of onset 9/20/32  
113  
1140 / 113  
 Other contributory causes of importance: Emphysema ①

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? pottery blood 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? no  
 If so, specify \_\_\_\_\_

(Signed) Walter W. O. M. D.  
 (Address) 6815 W. Florissant

WRITE PLAINLY, WITH UNFAADING 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.

10/29 1932

Handwritten text, possibly a signature or date, located in the bottom left corner.

Handwritten text, possibly a signature or date, located in the top right corner.