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.

SEP 26 1933

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

Do not use this space.

27826

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6855

City St. louis (No. DePaul Hospital St. ..... Ward)

2. FULL NAME CLARENCE L. FISHER.

(a) Residence, No. Kimswick Mo. St., 16 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. 1 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: Martha Brown Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/29, 1872

7. AGE: YEARS 60 | MONTHS 9 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tres.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Garrison Wagner
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): Mullbury Grove Ills

FATHER

13. NAME: Geo. W. Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alexanderia Virginia

MOTHER

15. MAIDEN NAME: Mary Elizabeth Sellers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mullbury Grove Ills

17. INFORMANT (ADDRESS): Martha Brown Fisher Kimswick Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 8/9/33 19

19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar Blvd.

20. FILED AUG -8 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2:10 am to 11:30 am, 19..., to Aug 7, 1933

I last saw him alive on Aug 7, 1933. Death is said to have occurred on the date stated above, at 11:30 am.

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

	Date of onset
Chronic Myocarditis	Impression
131	
134R	
93C	

Other contributory causes of importance:

Calculus & old Infarct of L Kidney	?
Old infarct of Rt Kidney	?
Chronic Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Esterscopic E/C Was there an autopsy? yes

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) H H Kramolowsky, M. D.

(Address) 984 Arcade Bldg