

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

Do not use this space.

MAY 25 1934

15171

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis mo* (No. *Francis Hospital*)

File No. **4389**

Registered No. **4389**

St. .... Ward)

2. FULL NAME *Geo. D. Fisher*

(a) Residence, No. *St. Louis mo* St. **19** Ward.

(Usual place of abode) *4401 McPherson* (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-28-1934*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Geo. D. Fisher*

22. I HEREBY CERTIFY, That I attended deceased from *4-18-1934*, to *4-28-1934*

I last saw him alive on *4-25-1934*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Enter 1870*

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:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. *about 63*

*Acute myocardial infarction following Hemistomy of Strangulated Hernia*

Other contributory causes of importance: *Hypertensive Heart Disease*

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

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

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) *Canada*

13. NAME *James Fisher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

15. MAIDEN NAME *Elizabeth Thoburn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

17. INFORMANT *G. Haynes* (ADDRESS) *4460 Laclade*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *May 1 1934*

19. UNDERTAKER *Arthur J. Romberg* (ADDRESS) *38 1/2 St. Louis*

20. FILED *J. Bredeck* Registrar

Date of onset *2:30*

Name of operation *Hemistomy* Date of *4-25-34*

What test confirmed diagnosis? Was there an autopsy?

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) *Hugh Haynes*, M. D.

(Address) *4460 Laclade*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

150  
5  
8  
5



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St Louis (No. French Hosp) ..... St. .... Ward)

File No. ....  
 Registered No. 4389

**2. FULL NAME**

(a) Residence, No. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE 63 YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-16-1934 J J Bradley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the ..... m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: mal  
Regulated hernia  
Inguinal  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Regd Hayes Jr, M. D.  
 (Signed) ..... (Address) 4960 Lafayette

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-15171