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.

JUL 14 1936

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

Do not use this space.

24580

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 6200

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

City St Louis (No. Missouri Baptist Hospital St. ..... Ward)

**2. FULL NAME** Dr. Juniattus A. Fisher.

(a) Residence, No. 8206 Audrain Av R.N. Ward. Normandy Mo
(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: Emily L. Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4, 1873

7. AGE: YEARS 63 MONTHS 2 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): Lamine Missouri

FATHER

13. NAME: A. J. Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER

15. MAIDEN NAME: Angeline T. Majors

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

17. INFORMANT (ADDRESS): Mrs. Emily L. Fisher 8206 Audrain av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE June 19, 1936

19. UNDERTAKER (ADDRESS): Geo. L. Peitsch Inc. 5966 Easton Ave

20. FILED JUN 17 1936 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY That I attended deceased from April 16, 1936, to June 16, 1936

I last saw him alive on June 16, 1936. Death is said to have occurred on the date stated above, at 9.45 P.m.

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

Carcinoma of Lung, rt — Date of onset 1 yr

Other contributory causes of importance: 47

Name of operation None Date of .....

What test confirmed diagnosis? Biopsy 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? No

If so, specify .....

(Signed) Roland Kieffer, M. D.

(Address) 4500 Olive

4500 [illegible]

Found 3800.

1 [illegible]