

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

Do not use this space.

AUG 18 1936

**791
1003**

28964

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2018 Geyer, Ave.)

File No.....
Registered No. 7734
St. Ward)

2. FULL NAME George R. Fishwick.

(a) Residence, No. 2018 Geyer, Ave. St. 23 Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/31/02

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 19

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

13. NAME John Fishwick

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

15. MAIDEN NAME Dorothy Irvin

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

17. INFORMANT Dorothy Fishwick
(ADDRESS) 2018 Geyer, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 7/22/36

19. UNDERTAKER W. C. Moydell
(ADDRESS) 1926 Allen, ave.

20. FILED JUL 21 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/36 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1935 to July 20 - 1936

I last saw him alive on July 20th 1936. Death is said

to have occurred on the date stated above, at 4 A.m.

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

Acute Dilatation of heart Date of onset 7-20-36

95 hr

Other contributory causes of importance:

Coronary atherosclerosis and enlarged heart

Name of operation none Date of 7-20-36

What test confirmed diagnosis? Clinical 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) Louis F. M... M. D.

(Address) 1831 S. B. St.

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.

