AUG 18 1936

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

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Do not use this space.
29134

File No. 7911
Registered No.

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis Mo. (No. 4221 RUSSELL BLV. St. Ward)

2. FULL NAME LULA MAE FISHER.

(a) Residence, No. 4221 RUSSELL BLV. St. 17 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: FEMALE
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 OLIVER A. FISHER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5 1887

7. AGE: Years 49 | Months 2 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) MO.

FATHER
13. NAME GRANVILLE MORRIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER
15. MAIDEN NAME GUSSIE BRYNE.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) OLIVER A. FISHER. 4221 RUSSELL BLV.

18. BURIAL, CREMATION, OR REMOVAL, PLACE SUNSET BURIAL DATE JULY 27, 1936

19. UNDERTAKER (ADDRESS) E. J. Schmur 3125 Lafayette Ave.

20. FILED JUL 27 1936 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to July 23, 1936
I last saw her alive on July 23, 1936. Death is said to have occurred on the date stated above, at 3.05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7-21
Myocarditis	about 5 yrs.

Other contributory causes of importance:

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? NO.
If so, specify ....
(Signed) Julia E. Blaich, M. D.
(Address) 4202 S. Vandeventer Ave.

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.