

DEC 28 1937

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

Do not use this space.

42506

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
 Township St. Louis No. 1 Primary Registration District No. 6248 E  
 City St. Louis Mo. (No. Mt. St. Rose) St.          Ward)         

File No.           
 Registered No. 470  
 St.          Ward)         

## 2. FULL NAME

Nazel Fisher  
 (a) Residence, No. 2417 Laphin Ave., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William Fisher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1908  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.  
29 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Billing Clerk  
 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) St. Louis Missouri  
 (STATE OR COUNTRY)

13. NAME George Johnston

14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Matilda Demattar

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

17. INFORMANT WILLIAM FISHER  
 (ADDRESS) 2417 LAPHIN AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CATHARY DATE NOV 30 1937

19. UNDERTAKER Dr. Hermann & Harold  
 (ADDRESS) 1715 Union Blvd

20. FILED NOV. 29, 1937 W. Mowrey  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct. 22, 1937, to Nov. 27, 1937

I last saw her alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 7:00 am.

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

Pulmonary Tuberculosis Date of onset 1933

Other contributory causes of importance: Toxic Myocarditis

Name of operation None Date of None

What test confirmed diagnosis? Ray Spatum Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19        

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify John J. Sauschke, M. D.

(Signed) John J. Sauschke, M. D.

(Address) Mo. St. Rose Sanatorium

St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

PAPER RESERVED FOR BINDING

V. 5, P. 21  
100M-24-33

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.

