REC'D JAN 11 1939

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

791
1008

40879
Do not use this space.

Registration District No. 1008
Primary Registration District No.
Registered No. 10571

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Mary Fisher
(a) Residence, No. 5702 Vernon Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1877

7. AGE: Years 61 | Months 7 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Comptometer
9. Industry or business in which work was done, as saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (month and year) 11-14-37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Missouri O 7

FATHER
13. NAME Joseph Fisher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace -Lorraine 6

MOTHER
15. MAIDEN NAME Mary Highley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany

17. INFORMANT (ADDRESS) A.B. Busch, M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon, Mo. DATE Dec. 9, 1938, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED DEC 8 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15-38, 19, to 12-6-38, 19
I last saw her alive on 12-6-38, 19 Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
2-15-38x	
J.B.	

Other contributory causes of importance:

Arteriosclerosis 2-15-38x	
Chronic Myocarditis 2-15-38x	

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

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) A.B. Busch, M. D.
(Address) 5400 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Baine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.