

REC'D MAR 13 1939

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

4523
Do not use this space791
1003

1216

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Fisher

(a) Residence, No. 1031 Eureka Apts. St. 11
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Adt 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61

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

12. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee

FATHER 13. NAME Perry Fobus

14. BIRTHPLACE (CITY OR TOWN) Danville
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee

17. INFORMANT Lucille Merriweather
(ADDRESS) 1031 Eureka Apts.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb 9th 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney

20. FILED FEB 7 1939 J. P. Budner
Local Registrar.

NO MEDICAL ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 8:15 A.M.

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

Second and Third Degree Burns of the Face and Body, suffered when deceased was burned when she poured grease on the fire in her home at 4406 Cottage Avenue, on January 18th, 1939, at 12:50 P.M.

Other contributory causes of importance:

No Damage to Contents or Bldg.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1/18/39

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Home

Manner of injury See Above

Nature of injury 4.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Alfred J. Perry
(Signed) Alfred J. Perry
(Address) 1300 Clark Avenue

STATEMENT BY LICENSED EMBALMER

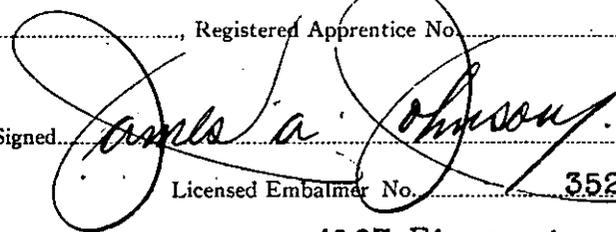
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address. 4107 Finney Avenue

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.