

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

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.

JUL 12 1939

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

20203  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City of St. Louis (d) Street No. 2612 S. Grand Ave St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. da.

Registration-District No. 791  
Primary Registration District No. 1008  
Registered No. 5047

2. PRINT FULL NAME Nina L. Fisher

(a) Residence, No. 2612 S. Grand Ave St. 16  
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879 - Jan. 7,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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

12. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

13. NAME Will Hansbrough

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

15. MAIDEN NAME Laura Staples

16. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

17. INFORMANT A. Earl Fisher  
(ADDRESS) 4110 Connecticut St

18. ~~Funeral~~ CREMATION OR REMOVAL in Mo. Crematory DATE 6/5/39

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin  
(ADDRESS) 2301 Lafayette Ave.

20. FILED JUN 5 1939  
J. D. Brudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/39

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

I last saw h..... alive on..... 6:15, 19 Death is said  
to have occurred on the date stated above, at..... 6 P.M.

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

Illuminating Gas Poisoning, self administered, at her home 2612 S. Grand Boul., June 2nd, 1939, about 6:15 P.M. SUICIDE

Other contributory causes of importance:  
W.H.

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 SUICIDE Date of injury 6/2/1939

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 see above  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Alfred W. Berry  
(Address) Alfred W. Berry

**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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**