

18 1939

REC'D AUG 7 1939

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

26788  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 191 Registered No. 1301  
 (c) City Clayton (d) Street No. St. Louis County 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 Emma Fishbeck  
 (a) Residence, No. Chambers & Gardner, Ferguson, Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Patrick Fishbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>6</u>	<u>1</u>	

OCCUPATION  
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/14/39 to 7/18/39, 19.  
 I last saw her alive on 7/18/39, 19. Death is said to have occurred on the date stated above, at 1:40A, M.  
 The principal cause of death and related causes of importance were as follows:

*Uremia  
Congenital Poly cystic kidneys  
Rheumatic Heart Disease*

Date of onset 7/17/39  
1898

Other contributory causes of importance: 195C

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) James Oland, M. D.  
 (Address) St. Louis County Hospital

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

FATHER  
 13. NAME William Simmons  
 14. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) N.Y.

MOTHER  
 15. MAIDEN NAME Lena Black  
 16. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Mo.

17. INFORMANT husband, Patrick Fishbeck (ADDRESS) Chambers & Gardner, Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 7/21/39, 19

19. FUNERAL DIRECTOR (NAME) Goodhart & Goodhart (ADDRESS) 2228 St. Louis Av.

20. FILED JUL 18 1939 R. Meyer, M.D., P.H. Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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 *Marie C. Cashion*

Licensed Embalmer No. *3949*

P. O. Address *2228 St. Louis av*

**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.**