

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Missouri **2**
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, or institution: 4447 Aldene
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)
In this community 4447 Aldene

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 4447 Aldene Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mozzie Fisher 2100

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 1 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Nathaniel Carter
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Erbaugh
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Terry J Helms
(b) Address 27304 Franklin

17. (a) Burial (b) Date thereof 10-10-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Bro's
(b) Address 3704 Finney

19. (a) OCT 10 1939 (b) J. B. Bridick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 1939 hour 3 o'clock minute A M.

21. I hereby certify that I attended the deceased from 10-20-39
_____ 1936 to 10-6- 1939;
that I last saw him alive on 10-5-39 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration _____
Cardiac

Due to Stroke

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. H. Miskerson (M. D. or other) _____
Address 3200 Franklin Date signed _____

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.....

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

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fir

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.