

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41980
Registrar's No. 11103

JAN 12 1940 : 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1003

(a) County Illinois
 (b) City or town St. Clair
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Missouri State Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months
 (Specify whether _____)
 In this community Four Months
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town Deerfield NR.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sylvester Fisher 260
 (b) If veteran, name war no
 (c) Social Security No. 702165155

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
 year 1939 hour 12 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Sept 30
1939, 19 , to Dec 27, 1939
 that I last saw him alive on Dec. 27, 1939
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife Emma Fisher
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased March 27 1896
 (Month) (Day) (Year)

Immediate cause of death
Hypertrophoma of Right Kidney with metastasis to spine

Due to _____
 Due to _____

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

8. AGE: Years 53 Months 9 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lockman Engineer

11. Industry or business Missouri State R.R.

MOTHER FATHER { 12. Name William Fisher
 13. Birthplace Wheaton, Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name unknown
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Beck
 (b) Address Deerfield, Ill.

17. (a) removal (b) Date thereof 12-27-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deerfield, Ill.

18. (a) Signature of funeral director Arnold A. Dasher
 (b) Address Deerfield, Ill.

19. (a) DEC 28 1939 (b) J. D. Baskin
 (Date of local recording) (Signature)

Major findings: Hypertrophoma of Right Kidney
 Of operations _____
 Of autopsy _____

Duration _____
 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 Geo. W. Blankenbiller M.D.
 Address 1755 S. Grand Date signed 12-27-39

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 B. H. Leclerc

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

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.