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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40448

Registration District No. 91 — FILED JAN 15 1941

Primary Registration District No. 1003

Registrar's No. 10219

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 18 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1729 Janet Pl.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew Fisher (Andy)

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-1380

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth M. Fisher

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. (Month) 8th (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	3	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Bottling Dept.

11. Industry or business Falstaff Brewing Co.

FATHER
12. Name Charles Fisher
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Kate Riley
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Fisher
(b) Address 1729 Janet Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 12 1940 (Date received by registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11, year 1940 hour 9:24 minute P.M.

21. I hereby certify that I attended the deceased from October 23, 1940 to December 11, 1940 that I last saw him alive on December 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy F. A. pulmonary tuberculosis	

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

23. Signature R. J. Maxwell (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold R. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

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.