

SEP 17 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. St. Louis, Missouri
(b) City or town. St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(d) Length of stay: In hospital or institution. 4 Days
In this community. 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. 000
(c) City or town. ST. LOUIS 17
(d) Street No. 2007 HEBERT ST 262
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Sam Fisher

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

4. Sex. M O 5. Color or race. W 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. MINNIE FISHER 6. (c) Age of husband or wife if alive. 76 years
7. Birth date of deceased. MAY 26 1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation. CARPENTER

11. Industry or business.

MOTHER FATHER { 12. Name. BAUIL FISHER
13. Birthplace. KY
14. Maiden name. NANCY RUTHERFORD
15. Birthplace. ST. LOUIS MO (City, town, or county) (State or foreign country)

16. (a) Informant. Minnie Fisher
(b) Address. 2007 Hebert

17. (a) BURIAL (b) Date thereof. AUG. 14 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation. VAL HALLA CEM

18. (a) Signature of funeral director. B. Tanner
(b) Address. 6107 National Bridge Rd
19. (a) AUG 13 1941 (b) J. Fisher (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11, year 1941 hour 10:25 minute P. M.
21. I hereby certify that I attended the deceased from August 8, 1941 to August 11, 1941, that I last saw him alive on August 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerosis

Due to. MM
Due to.
Other conditions. (Includes pregnancy within 3 months of death)

Major findings: Of operations.
Of autopsy.

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) (e) Means of injury.
23. Signature. Lem B. Dornick (M. D. or other) 10
Address. 1515 Lafayette Avenue, Date signed. 8/12/41

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

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 *W. W. Wilkinson*

Licensed Embalmer No. *3575*

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, fact should be so stated above.