No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30175

FILED OCT 18 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7514

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

1. PLACE OF DEATH:

(a) County ~~St. Louis.~~

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution December 23, 1938 (Specify whether
In this community 12yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis. 13000
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? No, (Yes or No)
If yes, name country American.

3. (a) PRINT FULL NAME John Ernest Fisher.

3. (b) If veteran, name war Cannot say.

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14, (Day) 1869 (Year)

8. AGE: Years 72 Months ~~2~~ 1 Days ~~2~~ 29 If less than one day hr. min.

9. Birthplace Detroit, Mich. / American.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business X

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Lulley Kelly
(b) Address 1416 Mr. Taylor Ave

19. (a) SEP 17 1941 (Date received local registrar) (b) J. A. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12, year 1941. hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from December 22, 1938 to September 12, 1941 that I last saw him alive on September 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Encephalomalacia — Duration

Due to Hypertensive cardio-vascular disease

Due to

Other conditions Retroperitoneal hemorrhage
(Include pregnancy within 3 months of death) Non malignant cause unknown

Major findings:
Of operations
Of autopsy as above

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 Loren Blaney (M. D. or other) MD
Address 5600 Arsenal Date signed 9-26-41

(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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.