

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8001**

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

1. PLACE OF DEATH:

(a) County.....  
(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 Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Jeanette Fisher**

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

4. Sex **Female** 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. **March 5, 1941**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 7 1** hr. min.

9. Birthplace. **St. Louis Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Fisher**  
13. Birthplace **Alton Illinois 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Furtak**  
15. Birthplace **Poland 2**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Fisher**  
(b) Address **2412 S. 3rd Street**

17. (a) **Removal-Motor** (b) Date thereof **10/8/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Grafton, Illinois**

18. (a) Signature of funeral director **Weick Bros. Und. Co**  
(b) Address **2201 S. Grand St.**

19. (a) **OCT 7 1941** (b) **J. Bredich**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **2317**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2412 S. 3rd St.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. **No attending Physician**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**  
year **1941** hour **11** minutes **50** A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute Meningitis**  
**Hemophilus Influenza**  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations **336**  
Of autopsy..... **11**

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 **5**  
23. Signature **Walter Perry** (M. D. or other) **5**  
Address **W. Perry** Date signed **10/6/41**

**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.....

*Nancy Stewart*

Licensed Embalmer No. *3722*

P. O. Address *412 Duaneburg*

**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.**