

STANDARD CERTIFICATE OF DEATH

State File No. _____

172

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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: 3621 Market St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3621 Market St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1942 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov-30- 1941, to Jan-4-42 1942
that I last saw her alive on Jan-4-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cerebral Haemorrhage 1hr
Due to Hypertension 2MOs
Due to Diabetes Mell 2Yrs.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature Dr. J. Moore (M. D. or other)
Address 1418 Franklin Date signed _____

3. (a) PRINT FULL NAME Sarah Elizabeth Fishback

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alec Fishback 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 7, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Labadie, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Private Family

12. Name Joseph Perry

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Woods

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Perry Thomas

(b) Address 3621 Market St

17. (a) Removal (b) Date thereof Jan. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Station, Ill.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) JAN 7 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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..... *Joel Russell*
Licensed Embalmer No. *4112*
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.