

FILED FEB 18 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
Mo. Baptist Hospital  
(d) Length of stay: In hospital or institution..... 6 weeks  
In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(d) Street No..... 4041 Delmar Ave  
(e) Citizen of foreign country?..... No

3. (a) PRINT FULL NAME..... WILLIAM C. FISHER  
(b) If veteran, name war..... No  
(c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... Feb..... day..... 6th  
year..... 1943 hour..... 6 minute..... a.m.  
21. I hereby certify that I attended the deceased from Dec 21 1942 to Feb 6 1943  
that I last saw him alive on Feb 5 1943  
and that death occurred on the date and hour stated above.

4. Sex..... M  
5. Color or race..... W  
6. (a) Single, widowed, married, divorced..... married  
(b) Name of husband or wife..... Rosamond  
(c) Age of husband or wife if alive..... 39 years  
7. Birth date of deceased..... April 29 1887  
(Month) (Day) (Year)

Duration  
Immediate cause of death.....  
Tumor of Urinary Bladder  
non-malignant 1 year

8. AGE: Years Months Days If less than one day  
55 9 7 hr. min.

Due to.....  
Due to.....

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

Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation..... Carpenter

Major findings: Of operations.....  
Cystoscopy showed bladder tumor

11. Industry or business..... Contractor for self  
12. Name..... George Fisher  
13. Birthplace..... Tenn.  
14. Maiden name..... Margaret Chatley  
15. Birthplace..... Tenn.

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

16. (a) Informant..... Rosamond Fisher  
(b) Address..... 4041 Delmar  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 2/6/43  
(c) Place: burial or cremation..... New St. Marks

23. Signature..... J. F. Glenn (M.D.)  
Address..... 958 Arcade Bldg. Date signed..... Feb 6/43

18. (a) Signature of funeral director.....  
(b) Address..... 2301 Lafayette Ave.  
19. (a) FEB 9 1943 (b) J. F. Bedeck (Registrar's signature)

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

MOTHER FATHER

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**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 L. K. Crane

Licensed Embalmer No. 3633

P.O. Address 2317 Lafayette

**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.**