

FILED NOV 29 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **9983**

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:  
4223 Olive St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 1 yr. years, months or days)

3. (a) PRINT FULL NAME Melvin M Fisher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 312-22-7207

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 27 - 1907  
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 16 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Sateaman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank H Fisher  
13. Birthplace Not known  
14. Maiden name Stella N. Nichols  
15. Birthplace MO O  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Feick

(b) Address 2842 MO AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 16 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Edm. Williams

(b) Address 4535 Washington

19. (a) NOV 15 1943 (Date received local registrar's certificate) (b) J. F. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4223 Olive  
(If rural, give location)  
(e) Citizen of foreign country? # No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from August 10  
1943, to Nov. 13, 1943;  
that I last saw him alive on Nov. 13, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 mos  
Due to Pulmonary Tuberculosis 6 mos.  
Due to Tuberculous pneumonia 6 mos.  
Other conditions Pneumonia years  
(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)  
(e) Means of injury ⊙  
23. Signature Samuel O. Katz (M. D. or other) M.D.  
Address 3903 Olive St. Date signed 11/15/43

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

*John Gorsoski*

Licensed Embalmer No. *3398*

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.**