

FILED FEB 14 1944

Registration District No. 577

Primary Registration District No. 3069

Registrar's No. 325

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Saverton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura H. Fisher
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 4
year 1944 hour 9:30 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Virgil Fisher
(c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 4 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 22 1944 to Feb 4 1944
that I last saw her alive on Feb 4 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Coronary Occlusion
Due to General Arterio. Sclerosis
Duration 3 weeks

9. Birthplace New London Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 94h
Of operations: _____

MOTHER FATHER

11. Industry or business _____
12. Name James Watson
13. Birthplace New London Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Tupt
15. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
As above. Coronary arteries hard, nearly shut.

16. (a) Informant Paul Maschofs
(b) Address 1031 Curran, Kirkwood, Mo.
17. (a) Burial (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New London, Missouri

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? _____

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.
19. (a) FEB 9 - 1944 (b) E. J. Mc Larran, m.d.
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Russell (M. D. or other) 2/7/44
Address 3720 Washington Date signed _____

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

96
8
3

JAN 2 1948

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.....

E. W. Wilkins
.....
Licensed Embalmer No..... *3575*

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.