

FILED MAY 29 1944

Primary Registration District No. 3069

Registrar's No. 1158

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Richmond Heights, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Julia H. Fisher

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank W. 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 6, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>11</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Ernst Dix

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

14. Maiden name Anna G. Ruppel

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

16. (a) Informant Frank W. Fisher

(b) Address 715 S.-21 St. Mt. Vernon, Ill.

17. (a) Burial (b) Date thereof May 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave, Maplewood, Mo

19. (a) MAY 22 1944 (b) E. G. Mc Gowan, Md  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson

(c) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL")

(d) Street No. 715 S.-21 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 May day 17  
year 1944 hour 10:40 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 28, 1944 to May 17, 1944  
that I last saw him live on May 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Small Intestine Carcinoma  
Due to Carcinoma of Pancreas  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Carcinoma Pancreas  
Of operation \_\_\_\_\_

Of autopsy Yes 469

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 5/17/44

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

MOTHER FATHER

JUN 20 1946

MAY 29 1946

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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.

*maplewood*