

FILED JUN 30 1944  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5673

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: St. Lukes Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County \_\_\_\_\_  
 (c) City or town Detroit  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 16525 Blackstone Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Henry Fisher

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Fisher 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased (Month) 12 (Day) 14 (Year) 1890

8. AGE: Years 53 Months 6 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation School Teacher

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

12. Name William M. Fisher

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

14. Maiden name Sophia Kennedy

15. Birthplace North Bay Canada  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Fisher  
 (b) Address 16525 Blackstone-Detroit, Mich

17. (a) Removal (b) Date thereof 6-23-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Belmar Boulevard

19. (a) 63 1944 (b) J. Budack  
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 6-27-44 Day \_\_\_\_\_  
 year 1944 hour 22 minute 45 AM/PM

21. I hereby certify that I attended the deceased from June 1 1944 to June 22, 1944  
 that I last saw him alive on June 22, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis Agitans  
 Due to \_\_\_\_\_  
 Duration \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy No

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. W. ... (M. D. or other) \_\_\_\_\_  
 Address 4952 Maryland Date signed 6-23-44

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

5697

2  
13  
39

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

847

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

**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.**