

FILED SEP 9 1944
Registration District No. **317**

Primary Registration District No. **2002**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6840 Julian Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lincoln**
(c) City or town **Troy, Missouri**
(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 **JEANETTE ANN FISHER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **29** year **1944** hour **7** minute **P.M.**
21. I hereby certify that I attended the deceased from **August 28, 1944** to **August 29, 1944**
that I last saw her alive on **August 29, 1944**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Lee Fisher** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **3 30 1865**
(Month) (Day) (Year)

Immediate cause of death **Angina Pectoris** Duration **1 week**
Due to **Arterial Sclerotic Heart Disease** **4 years**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years **79** Months **4** Days **29** If less than one day hr. _____ min. _____

Major findings: Of operations **no operation** Of autopsy **no autopsy 938**
Underline the cause to which death should be charged statistically.

9. Birthplace **Elsberry Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Home**
11. Industry or business _____
12. Name **George Taylor**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Reed**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wayne Mc Coy**
(b) Address **Troy, Missouri**
17. (a) **Burial** (b) Date thereof **8-31, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Troy, Missouri**

22. If death was due to external causes, fill in the following:
(c) 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 **Wm. H. Norton** (M. D. or other) **M.D.**
Address **634 No. Grand Blvd** Date signed **8/30/44**
St. Louis, Mo

18. (a) Signature of funeral director **Alexander Somo**
(b) Address **6175 Delmar Boulevard**
19. (a) **SEP 1 - 1944** (b) **[Signature]**
(City, town, or county) (Registrar's signature)

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

5-306

Dr. Morton
910 Theatre Bldg.

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 *Jos. E. McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6175 D. Elmer*

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.