S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318 1003

State File No. 39135

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 10845

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:
1107 St. Louis Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Since Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 St. Louis Ave 26
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

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

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-2840

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Dorothy N. Fisher nee Fenton

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 8, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	7	3	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business .....

FATHER
12. Name Albert Fisher
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name May Withers
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Dorothy N. Fisher
(b) Address 1107 St. Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1945 hour 7:20 AM. minute ..... M.

21. I hereby certify that I attended the deceased from Nov 18/45, 19.. to Dec 11, 1945 that I last saw him alive on Dec 11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	1 day
Due to	
Due to	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	20 days
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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature B. F. Steeg (M. D. or other) 12/11

Address 1878 Madison Date signed 1/45

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Burkholz

Licensed Embalmer No. 2110

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.