

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

38567
State File No.
Registrar's No. 9857

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(d) Street No. 2809 S. Grand Blvd.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: Frank R. Fisher
(b) If veteran, name war -- (c) Social Security No. --
4. Sex Male (5. Color or race White)
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Sadie Fisher
7. Birth date of deceased: January 3, 1856

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 18 year 1946 hour 1 minute 35 P.M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 10 Days 15 If less than one day hr. min.

Immediate cause of death: 1. Fracture of Skull
2. Brain injury which he sustained while the rear of the automobile driven by Victor Slanski when he was backing up on grade to full gear from the curb 15 ft. North of the front of Spruce Street on 7th Street
Died Nov. 10, 5:55 P.M. Nov. 16, 1946
Other conditions (including pregnancy within 3 months of death)
Major findings: Of operations

9. Birthplace St. Louis Missouri
10. Usual occupation Mail Clerk (retired)

11. Industry or business
12. Name John H. Fisher
13. Birthplace Germany
14. Maiden name Not known
15. Birthplace Not known
16. (a) Informant Frank Fisher
(b) Address Pierre Building

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

17. (a) Burial (b) Date thereof Nov. 20, 1946
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington-8-
19. (a) NOV 19 1946 (b) J. J. Budak (c) Registrar's signature

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Decedent
(b) Date of occurrence Nov. 16, 1946
(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
White at work (Specify type of place)
Means of injury As above
23. Signature Patrick G. Taylor (M. D. or other) Date signed 11/19/46
Address 1300 Clark St.

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 *Philip M. Kersey*
Licensed Embalmer No. 3281
P. O. Address 4408 Washington-8-

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.