

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

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JAN 29 1947
 310

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2154**
 Registrar's No. **6**

Registration District No. **310** Primary Registration District No. **3058**

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

1. PLACE OF DEATH:
 (a) County **St. Charles**
 (b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
 In this community **80 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph Fisher**
 3. (b) If veteran, name war **none**
 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 **Helen**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **Jan. 20 1867**
(Month) (Day) (Year)

8. AGE:
 Years **80** Months **0** Days **2**
 If less than one day hr. min.

9. Birthplace **St. Charles Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER {
 12. Name **Jerome Fisher**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Schmidt**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Fisher**
 (b) Address **St. Peters, Mo.**

17. (a) **Burial** (b) Date thereof **1-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Peters, Mo.**

18. (a) Signature of funeral director **H. Roberts**
 (b) Address **St. Charles, Mo.**

19. (a) **1-25-47** (b) **Francis Hammer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Charles**
 (c) City or town **St. Peters, rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22**
 year **1947** hour **0** minute **A. M.**
 21. I hereby certify that I attended the deceased from **Dec 15**
 19 **46** to **Jan 22** 19 **47**
 that I last saw him alive on **Jan 21** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Post operative shock -**
 Due to **Proctectomy**
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **Hyper Prostate**
 Of operations: _____
 Of autopsy: **137 B**

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 _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Signature **Lucretia Schuler** (M. D. or other) **reed**
 Address **St. Charles, Mo.** Date signed **1/22/47**

RECEIVED
District Health Officer N 9,
District File Number
Date Filed
MAY 18 1947
JAN 28 1947

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 *E. A. Keathly*
.....
Licensed Embalmer No. *877*
P. O. Address *Fallow Ma.*

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.