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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18813

Primary Registration District No. 1003

Registrar's No. 5580

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wisconsin (b) County Rock 999
(c) City or town Janesville 4/7
(If outside city or town limits, write "RURAL")
(d) Street No. 413 S. High St. 0
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Zene Fisher
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Conley Fisher
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 10 (Day) 1889 (Year)

8. AGE: Years 57 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Rock Co. (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Roy L. Meyers Mfg. Co.
FATHER 12. Name Grant Fisher
13. Birthplace Rock Co. (City, town, or county) Wisconsin (State or foreign country)
MOTHER 14. Maiden name Blanch Parmley
15. Birthplace Rock Co. (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Gertrude Fisher
(b) Address Janesville, Wis.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Janesville, Wis.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 5 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1947 hour 7 minute 20 A.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.

	Duration
Immediate cause of death Ruptured Aorta	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 20	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Alfred J. Perry ~~DDS~~ (M. D. or other)
Address Deputy Coroner Date signed 6-5-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

5580

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.