

FILED JAN 9 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

11283

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: St. Louis  
(c) Name of hospital or institution: Deaconess Hospital  
(d) Length of stay: In hospital or institution  
In this community: years, months or days

3. (a) PRINT FULL NAME

JOSEPH P. FISHER

3. (b) If veteran, name war: W.W. # I

3. (c) Social Security No. 505-05-6863

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Phyllis Hartmann Fisher  
6. (c) Age of husband or wife if alive: 51 years  
7. Birth date of deceased: July 7 1895

8. AGE: Years 52, Months 5, Days 17, If less than one day hr. min.

9. Birthplace: St. Louis, Missouri

10. Usual occupation: Auditor

11. Industry or business: Falstaff Brewing Corp;

12. Name: Joseph Peter Fisher

13. Birthplace: St. Louis, Missouri

14. Maiden name: Elsie Schepmann

15. Birthplace: St. Louis, Missouri

16. (a) Informant: Mrs. Phyllis H. Fisher

(b) Address: 7441 Teasdale Ave.

17. (a) (b) Date thereof: 12/27/47  
(c) Place: burial or cremation: Oak Grove Crematory

18. (a) Signature of funeral director: C.R. Lupton & Sons

(b) Address: 7233 Delmar Blvd

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: University City  
(d) Street No.: 7441 Teasdale Ave.  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December, day: 24, year: 1947, hour: 3:30, minute: P., M.

21. I hereby certify that I attended the deceased from 2 July 1947 to 24 Dec 1947 that I last saw him alive on 24 Dec 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thromboses 1 day  
Infarction  
Due to: Angina Pectoris 1 mo

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: J.P. Carter Hoff (M.D.)  
Address: 634 N. Grand Date signed: 26 Dec

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

MOTHER FATHER

Dr. R. N. Kuchterhoff  
Mo. Theatre Bldg.  
J.E.-0100  
10:30 to 12:30

**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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.