No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2503
66

FILED JAN 16 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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: 4310 W. Pine
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 W. Pine 9
(If rural, give location)
(e) Citizen of foreign country? 19 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Fisher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John S
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 9 (Day) 1895 (Year)

8. AGE: Years 52 Months 8 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) N.Y. (State or foreign country)
10. Usual occupation Corsetier
11. Industry or business Lockharts Inc.
FATHER
12. Name U.K. Fahey
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant John F. Fisher
(b) Address 4310 W. Pine
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mo.
18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell
19. (a) Jan 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 4 1948
that I last saw her alive on Jan 4 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1 year
Due to: Heart Block	7 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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 Dr. A. J. Raemdonck (M. D. or other)
Address 4390 W. Pine Be Date signed Jan 4-48

Jefferson City Printing Co. (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.....James A. Lammers

Licensed Embalmer No.....4142

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.