

S. No. 300
M-10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27692

Registrar's No.

6932

WRITE PLAINLY—USE 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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community 32 yrs

3: (a) PRINT FULL NAME Arthur Fisher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-22-2297

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Fisher 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 21 hr. min.

9. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Blanton, Co.

12. Name Milburn Fisher

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Buckner

15. Birthplace Paris Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Fisher

(b) Address 1219 Jones St.

17. (a) Burial (b) Date thereof 8-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) AUG 7 - 1948 (b) J.F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ass
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Jones
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 9 minute 20 P.

21. I hereby certify that I attended the deceased from July 29, 1948, to August 4, 1948
that I last saw him alive on August 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk

Due to _____
Due to _____

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? _____
(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 O.L. Daniels (M.D. attending)
Address 2601 N Whittier St Date signed 8-5-48

(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 Fulton E Culkin

Licensed Embalmer No. 498

P. O. Address. St Louis 13 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.