

FILED MAY 14 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 507

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Hospital)
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Hurlingen
(If outside city or town limits, write "RURAL")
(d) Street No. Easton, Mo. R. P. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Regina Barbara Fisher

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 3 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business None

12. Name Wm. Fisher

13. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Wiedmaier

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

16. (a) Informant Paul J. Fisher

(b) Address Clarksdale Missouri

17. (a) Burial (b) Date thereof May, 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Herwald G. Sufastu

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) May, 8, 1945 (b) Walter T. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 4, 1945, to May 6, 1945,
that I last saw her alive on May 6, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Arteriosclerosis Arteriosclerosis
Due to Arteriosclerosis Arteriosclerosis Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Senile dementia

Major findings: Of operations _____

Of autopsy affo

Duration

PHYSICIAN

Underline the cause to 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? _____

While at work? (Specify type of site) _____ (e) Signs of injury _____

23. Signature John J. Byrne (M. D. or other) _____
Address St. Joseph, Mo. Date signed 5-7-45

1377

(Licensed Embalmer's Statement on Reverse Side)

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

7

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) Herman W. Sidenfaden

Licensed Embalmer No. *3728*

P. O. Address. *Albany 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.