

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35393

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

File No.....

City.....

(No.)

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Fisher

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 23-1866

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
67	10	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer. 956

(b) General nature of industry, business, or establishment in which employed (or employer)

East Iron works

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Henry J. Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Christina Kramer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

PARENTS

14. INFORMANT

(Address)

Walter A. DeF...
City of St. Louis

15. FILED

Nov 26 1927

Max G. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 23 1927

17.

I HEREBY CERTIFY That I attended deceased from ...
Nov 19 1927 to Nov 23 1927
that I last saw him alive on ... Nov 23 1927 and that death occurred on the date stated above, at ... 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Disease
(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY)

911B
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ...

Nov 27 1927

(Address) ...

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Matthews

Nov 26 1927

20. UNDERTAKER

Wacker-Helders

ADDRESS

2331 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Fishes