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

Do not use this space.

24794

File No. 6941
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701
Township ..... Primary Registration District No. 1007
City Saint Louis (No. 4108 Aldine Avenue St. ..... Ward)

2. FULL NAME Lemuel Fisher

(a) Residence, No. 4108 Aldine Avenue St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1898

7. AGE: Years 34 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis / Missouri

FATHER
13. NAME Allen Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown / Missouri

MOTHER
15. MAIDEN NAME Carrie Atfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelhurst / Mississippi

17. INFORMANT Mrs. Carrie Chowley
(ADDRESS) 4108 Aldine Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE July 28, 1932

19. UNDERTAKER Charles J. Gatto
(ADDRESS) 4107 Finney Avenue

20. FILED July 27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from JULY/21, 1932, to JULY/23, 1932
I last saw him alive on July/23, 1932. Death is said to have occurred on the date stated above, at 5-10P m.
The principal cause of death and related causes of importance were as follows:

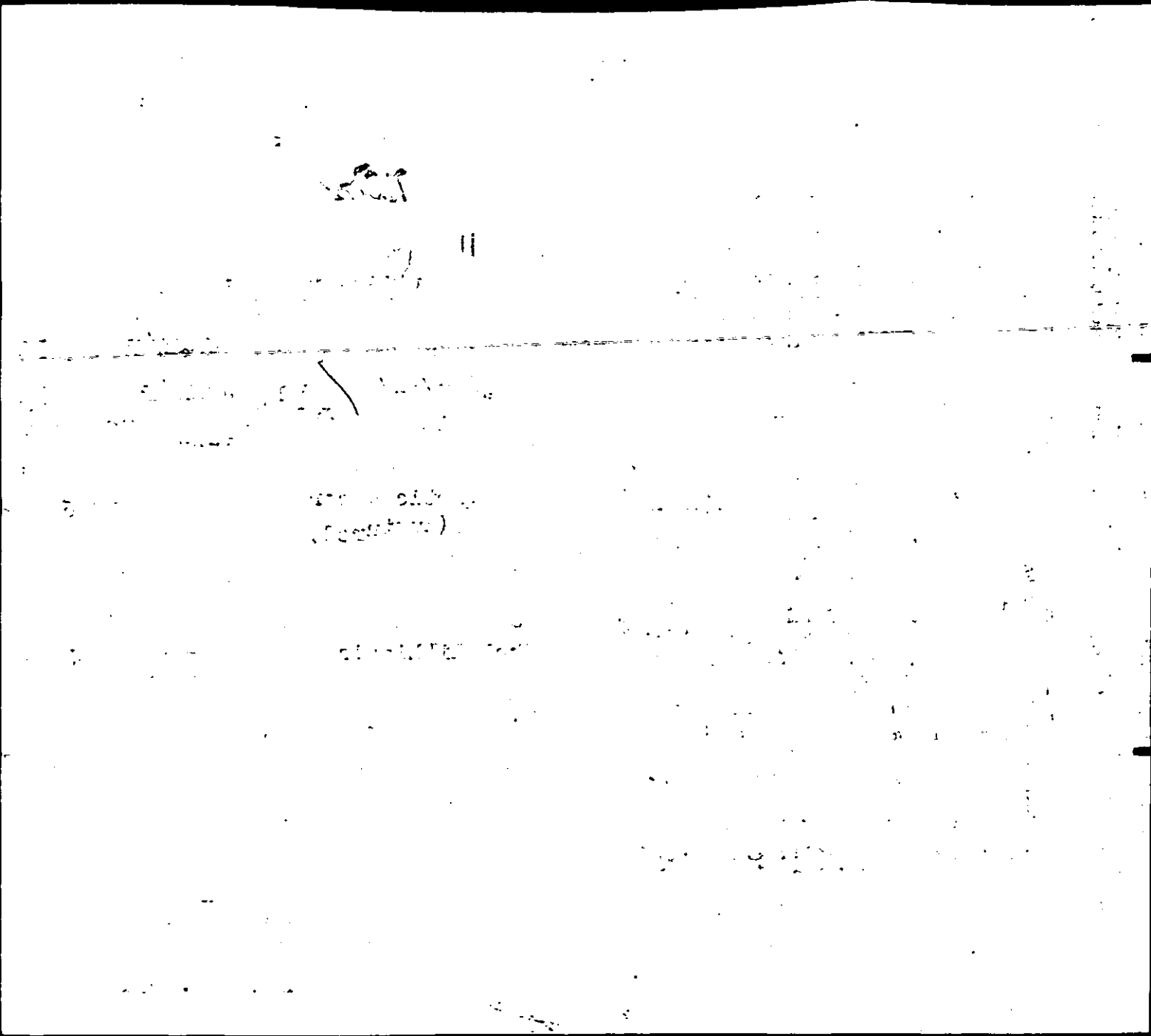
	Date of onset
Peptic Ulcer (Ruptured)	6MOS
117A	
126	
Other contributory causes of importance:	
Cholelithiasis	2year

117A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. P. Moore, M. D.
(Address) 1336 FRANKLIN ST. LOUIS MO

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD