

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

Do not use this space.

11844

1. PLACE OF DEATH

County..... Registration District No. 7901
 Township..... Primary Registration District No. 7003 File No. 2950
 City St. Louis Mo (No. 4048 Cleveland Ave St. Ward)

2. FULL NAME

Mary Ellen Fisher
 (a) Residence. No. St. 17 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 29 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>9</u>
	DAYS <u>27</u>	If LESS than 1 day, <u>hrs</u> or <u>mins.</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housework</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer <u>At Home</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>Pat Moran</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1933

17. I HEREBY CERTIFY, That I attended deceased from March 24th 1933, to March 26th 1933, that I last saw h. or alive on March 26th 1933, and that death occurred, on the date stated above, at 8:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
Chronic Myocarditis

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) Lorish Brandenburger, M. D.
3-27-33 (Address) 3922 Cleveland Ave

*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.

14. INFORMANT (Address) Charles H. Fisher
4048 Cleveland Ave
St. Louis Mo

15. MAR 28 1933 FILED
W. C. Standley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL March 29 1933

20. UNDERTAKER Wm. Robert ADDRESS 905 S Grand

K. 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.

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

