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.

APR 25 1934

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

Do not use this space.

11453

1. PLACE OF DEATH
County St. Louis
Township Caron'elet
City Koch Hospital (No. ..., ... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 6248 B
File No. 82
Registered No.

2. FULL NAME SABINA FISHER
(a) Residence, No. 1908 Louisiana St., ... Ward. St Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1902

7. AGE: YEARS 31 | MONTHS 11 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis Mo.

FATHER
13. NAME Wm. McNichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Beatrice Outlaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnatti, Ohio

17. INFORMANT (ADDRESS) Koch Hospital Record's Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Val Hala Cem DATE Mar 19 1934

19. UNDERTAKER (ADDRESS) Jos P Gendler Jr. 71-28 Michigan

20. FILED MAR 27 1934 3/17 B F Tate M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 34 19

22. I HEREBY CERTIFY, That I attended deceased from 11-25-33, 19..., to 3-16-34, 19...
I last saw her alive on 3-16-34, 19... Death is said to have occurred on the date stated above, at 2:30p m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
23 A
25
27

Date of onset

Other contributory causes of importance:
Tuberculosis of intestines

25

Name of operation None Date of
What test confirmed diagnosis? X-ray and sputum Was there an autopsy? yes

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) Joseph T. Maher, M. D.
(Address) Koch, Mo.

JAN 9 1942