

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

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.

1911. Deixon  
2418 - N. Grand

NOV 13 1934

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

Do not use this space.

34788

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 2837 - N. Whittier St)

File No.....

Registered No. 9661

St. Ward

2. FULL NAME

Mary Ellen Fisher

(a) Residence, No. 2837 N. Whittier St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4 - 1866*

7. AGE YEARS *68* MONTHS *2* DAYS *196* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Work*

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*

13. NAME *Robert. Impvey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Herrmann Mo*

15. MAIDEN NAME *Leont. Knous*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Herrmann Mo*

17. INFORMANT *Mr. John Fisher* (ADDRESS) *2837 N. Whittier St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *Oct 3*, 19*34*

19. UNDERTAKER *Edw. P. Howard & Sons* (ADDRESS) *4212 St. Louis ave*

20. FILED *OCT - 2 1934* *J. Brebeck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sep 30*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Sep 11*, 19*34*, to *Sept 25*, 19*34*

I last saw her alive on *Sept 25*, 19*34*. Death is said to have occurred on the date stated above, at *12:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis* Date of onset

*131*

*1060*

Other contributory causes of importance: *131*

Name of operation..... Date of.....

What test confirmed diagnosis? *Urinalysis* Was there an autopsy? *No*

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? *No*

If so, specify.....

(Signed) *Ed Dixon*, M. D.

(Address) *2418 N. Grand St*

