

REC'D JUL 12 1938

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

19879

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. City Hospital #1 Registered No. 5018
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lewis Fisher 260
 (a) Residence, No. 3009^{1/2} Kossuth St. 10 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Fisher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sawyer of
 9. Industry or business in which work was done, as saw mill, bank, etc. Superman Candy Co.
 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) Edinburgh Scotland

FATHER 13. NAME William Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) William Fisher
3009^{1/2} Kossuth

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6-1-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Matthew Bras
4259 Lindell

20. FILED JUN 1 1938 J. B. Bruleck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:55 p.m.

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

Hemorrhage due to laceration of lung and spleen and fracture of ribs as a result of being struck by a plane of bed operated by Dr. Altel Ryan and packed

Other contributory causes of importance:
rupture of femoral head of a fractured hip which was treated by Dr. Thomas Matheson: 4 5 5 P.M. May 27 1938 at St. Louis Mo.

Name of operation: _____ Date of operation: _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? yes Date of injury: 5/27/38

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury see above

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. M. D. Quinn

(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Thomas R Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.