

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.

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

16863
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791
(b) Township..... Primary Registration District No. 1008
(c) City ST. LOUIS (d) Street No. MISSOURI PACIFIC HOSPITAL / Registered No. 4397
(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.
260 Walter Fred Fisher
2. PRINT FULL NAME
(a) Residence, No. 928 N. 13th ST. St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OR MARK FISHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 22-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK YARD

9. Industry or business in which work was done, as saw mill, bank, etc. TRANSPORTATION

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to May 10, 1939
I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

chr myocarditis
diabetic mellitus

Other contributory causes of importance:

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOCKPORT ILLINOIS

FATHER 13. NAME WILLIAM FISHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER 15. MAIDEN NAME HANNA FIDDYMENT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT (ADDRESS) CHAS. FISHER LOCKPORT, ILL.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEWS DATE MAY 12 1939

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurr, 3125 Lafayette Ave

20. FILED MAY 12 1939 J. B. Budick Local Registrar

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? no
If so, specify (Signed) R. O. Dwyer, M. D.
(Address) Missouri Pacific Hospital
St Louis Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Joseph Vollmer _____

Licensed Embalmer No. 4014 _____

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.)