

Registration District No. 1002

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution City Hospital
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John O. Fishwick

3. (b) If veteran, name war Nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Fishwick 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 5, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 19 hr. min.

9. Birthplace Atchinson Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Health Officer (City)
Retired

11. Industry or business _____

12. Name George Fishwick

18. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Underwood

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dorothy Fishwick

(b) Address 2018a Geyer Ave.

17. (a) Burial (b) Date thereof Sept. 26-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) SEP 25 1939 (b) J. F. Budeck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2018a Geyer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1939 hour 6 minute 35 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death
Encephalomalacia;
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. C. Maydell (M. D. or other)

Address 1926 Allen Ave. Date signed 9-25-39

WHOLE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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.....

Benj. C. Duman

Licensed Embalmer No. *2272*

P. O. Address. *1924 Allen*

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.