

Registration District No. 781
1008 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4728 Primm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Pearl Fisher
8. (b) If veteran, name war _____ 5. (c) Social Security No. 260

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John L. 6. (c) Age of husband or wife 9 years
7. Birth date of deceased July 9 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name James Hennessey
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin Young
(b) Address 4728 Primm St.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Tenn.

18. (a) Signature of funeral director John S. Ziegenhuth
(b) Address 7027 Gravois

19. (a) JAN 16 1940 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4728 Primm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 12 to Jan. 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstructive Jaundice

Due to Stomach in Common
Bile Duct

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Stomach in Common
Bile Duct

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)
(a) Means of injury _____

23. Signature W. Ziegenhuth (M.D. or other)
Address 4728 Gravois Date signed 1/14/40

Physician
Underline the cause to which death should be charged statistically.

1 X9511
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. WRITE FULLY IN CASE CONTAINING BLOOD INK—MAKE A PERMANENT RECORD

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..... *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *6937^a Gravois*.....

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.