

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 959

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day 22 hr. 1 min  
In this community 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
Street No. Adie and St. Charles Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Laura Fisher 260

8. (b) If veteran, name war ? 8. (c) Social Security No. ?

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 8 - 1916  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 7 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

12. Name John Fisher

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Katie Williams

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

16. (a) Informant Mrs. Walter Bahrens

(b) Address Pattoville Mo

17. (a) Burial (b) Date thereof 5/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Cem

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodway Rd Overland

19. (a) MAY 17 1940 (b) R. M. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 5-14-40  
\_\_\_\_\_ 19\_\_\_\_ to 5-16-40 19\_\_\_\_;

that I last saw her alive on 5-16-40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia  
Duration 8 hrs

Due to Gangrene of genital tract 2-3 day

Due to Retention of unviable fetus in pelvic canal 2-3 day

Other conditions pregnancy at term  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings: Of operations 147

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

707 (Specify type of place) While at work? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Tom Passante (M. D. or other) M.D.

Address St. Louis County Mo Date signed 5-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Cleveland, 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.**