3445
S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20418

FILED JUL 17 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5366

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DEASCED:
0
(a) State Missouri (b) County
(c) City or town City Hospital 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1233 North Eleventh St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME John Fisher 260
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years Abt 75 Months Days If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Nil. 9
11. Industry or business Nil. 9
FATHER 12. Name Unknown 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ann Morrison
(b) Address City Hospital, #1,
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Sullivan & Kelly
(b) Address 1416 N. Taylor ave.
19. (a) JUN 21 1940 (Date received for record) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16, year 1940 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from June 12, 1940 to June 16, 1940; that I last saw him alive on June 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	4 days
Due to: arteriosclerosis	years
Hypertension	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)
Address 1515 Lafayette, Date signed 6/17/40

(Licensed Embalmer's Statement on Reverse Side)

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~~ Raymond E. Gehrke, ~~Registered Apprentice No.~~ working under my personal supervision.

City license #180

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

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.