

No. 2  
4-13-40  
5-17-39  
I X23159

**FEB 25 1941**

Registration District No. **791**

Primary Registration District No. **1003**

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

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..... BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 days  
(Specify whether)

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... Durward F. Fisher

3. (b) If veteran, name war..... No.

3. (c) Social Security No..... Unknown

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Ellen Mims Fisher

6. (c) Age of husband or wife if alive..... 22 years

7. Birth date of deceased..... Oct. 23 1915  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>25</u> | <u>2</u> | <u>29</u> | hr. min.             |

9. Birthplace..... Wenatchee / Washington  
(City, town, or county) (State or foreign country)

10. Usual occupation..... School Instructor

11. Industry or business.....

MOTHER FATHER {

12. Name..... Durward F. Fisher Sr.

13. Birthplace..... New York  
(City, town, or county) (State or foreign country)

14. Maiden name..... Alida Dearborn

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

16. (a) Informant..... David H. Mims

(b) Address..... College Park, Md.

17. (a) Removal (b) Date thereof..... 1/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington, D.C.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Ave. X/14

19. (a) JAN 12 1941 (b) J. H. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Phelps

(c) City or town..... Rolla  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 11  
year..... 1941 hour..... 12:30 minute..... 00 M.

21. I hereby certify that I attended the deceased from.....  
January 8, 1941, to January 11, 1941  
that I last saw him/her alive on..... January 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Brain abscess following heavy cold developed broncho pneumonia

Due to.....  
heavy cold developed broncho pneumonia

Due to.....  
107

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Left cerebellar abscess

Of operations.....

Of autopsy..... Cerebellar abscess

Duration..... 3 mos?

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)..... 107

(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..... D

23. Signature..... Samuel M. Harlan (M. D. or other) M.D.

Address..... BARNES HOSPITAL Date signed.....

**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

*Albert H. Happe*

Licensed Embalmer No.....

*1861*

P. O. Address.....

**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, fact should be so stated above.**