. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1941

State File No. 16239

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3757

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1907 A Hickory /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2127
(If outside city or town limits, write "RURAL")

(d) Street No. 1907 A Hickory S treet 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Geraldine Alberta Fisher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November 14, 1939
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	5	17	hr. min.

9. Birthplace S t. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

FATHER
12. Name James Fisher
13. Birthplace Champaign / Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette De Lozier
15. Birthplace Louisville / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James Fisher
(b) Address 1907 A Hickory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayetten Ave.

19. (a) MAY 2 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from april 14, 1941, to May 1, 1941
that I last saw him alive on April 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 14 days

Due to

Due to

Other conditions None
(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 H. G. Moore (M. D. or other)
Address 1004 - 50 18 Date signed 5/2/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette a

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.