

Registration District No. **791**

Primary Registration District No. **1003**

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 19 23
(d) Street No. 2412 S. 3rd St.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jean Fisher

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0 -----

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife If alive, ----- years

7. Birth date of deceased March 5, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 2 5 hr. min.

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

10. Usual occupation Nil

MOTHER FATHER

11. Industry or business
12. Name John Fisher
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wirtak
15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

18. (a) Informant John Fisher
(b) Address 2412 S. 3rd St.

17. (a) Burial (b) Date thereof 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: American Legion Cem., Grafton,

18. (a) Signature of funeral director Wacker-Heldner
(b) Address 2331 S. Broadway

19. (a) MAY 12 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to choking while nursing from bottle.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 5/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK 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.....

Licensed Embalmer No. *2675*

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.