

Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Fisher

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex 3 Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oliver Fisher 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 24, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 4 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation mil

11. Industry or business

MOTHER FATHER { 12. Name Logan Harmon

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

14. Maiden name Laura Clark

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

16. (a) Informant Floretta Fisher

(b) Address 2420 N. Whittier St.

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

(c) Place: burial or cremation Princeton Sm

18. (a) Signature of funeral director Alvin Bros

(b) Address 3644 F. Street

19. (a) 1941 (b) J. F. Buddek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2420 N. Whittier
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 8, 1941
year hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov. 18,
19 41 to December 8, 19 41

that I last saw her alive on December 8, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Arteriosclerotic Heart Disease 2 years
Auricular Fibrillation

Due to.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. W. Johnson (M. D. or other)

Address 2601 N. Whittier Date signed 12-9-41

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 Louis V. Atkinson

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.