

2
2-45
7-39
X47070

FILED NOV 12 1946

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9420

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial

(d) Length of stay: In hospital or institution 19 days

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County _____

(c) City or town St. Louis

(d) Street No. 419 Cole St.,

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME FRANK FISHER

(b) If veteran, name war ?

(c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th

year 1946 hour 11:00 minute P M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: February 3rd, ?

21. I hereby certify that I attended the deceased from 9/24/46

that I last saw him in alive on Oct. 13th

and that death occurred on the date and hour stated above.

8. AGE: Years 75? Months _____ Days _____

If less than one day: hr. _____ min. _____

Immediate cause of death: hemorrhage from right ventricle, striate artery, due to arteriosclerosis,

Due to cardioid

Due to _____

9. Birthplace: Missouri

Other conditions: _____

Major findings: _____

Of operations: _____

Of autopsy: Anatomical Board Case

10. Usual occupation unknown

11. Industry or business _____

12. Name Frank Fisher

13. Birthplace Unknown

14. Maiden name Elizabeth Unknown

15. Birthplace Unknown

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital.

While at work? 0

23. Signature Herbert C. French Date signed 10/14/46

17. (a) Anatomical Board Date thereof 10-18-46

(b) Place: burial or cremation W. Renard

18. (a) Signature of funeral director W. Renard

(b) Address 3500 Rutledge

19. (a) NOV 4 1946 (Date received local registrar)

(b) J. F. Bredek (Registrar's signature)

Address _____ Date signed _____

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

MOTHER FATHER

Duration 3 weeks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

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.