

No. 2  
-5-43  
5-17-39  
I X3667

**FILED DEC 17 1946**  
**318**

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **10382**

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(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 20 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE MAY FISHER

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

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

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

7. Birth date of deceased December 28 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 11 5            hr.            min.

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

10. Usual occupation Housework

11. Industry or business           

12. Name John Sellers

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

14. Maiden name Hester Wimberly

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

16. (a) Informant Flora Harckley

(b) Address New Harmony, Indiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-4-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Salem, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 4 1946 (Date received local registrar) J. F. Bredsch (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Marion  
(c) City or town Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No. 215 N. Shelby St.  
(If rural, give location)  
(e) Citizen of foreign country?            (Yes or No)  
If yes, name country           

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 3rd year 1946 hour 11 minute 55 a.m.

21. I hereby certify that I attended the deceased from Nov. 13, 1946 to Dec 3, 1946  
that I last saw her alive on December 3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration             
Due to Leakage from pancreatic glando jejunostomy  
Due to           

Other conditions Biliary cirrhosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations             
Of autopsy As above  
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. F. Bredsch (M. D. or other)             
Address Barnes Hospital, Date signed 12-3-46

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

MOTHER, FATHER

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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

*J. C. [Signature]*  
.....  
Licensed Embalmer No. *4058*  
.....  
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, fact should be so stated above.**