S. No. 2
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P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7383

Registrar's No. 301

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Des Peres (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Des Peres 0 (If outside city or town limits, write "RURAL")

(d) Street No. Manchester Road 0 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Fisher, Josephine Dorothy

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. J. Fisher

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

7. Birth date of deceased Oct. 29, 1876 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business Housewife

FATHER
12. Name Henry Mertz
13. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mueller
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. P. Bohlinger,

(b) Address 242 S. Old Orchard, Webster Groves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) 2-11-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1947 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1947 3, 19..., to 2/7/47, 19...; that I last saw her alive on 2/7/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery heart disease

Due to .....

Due to 94

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

Major findings: Of operations .....

Of autopsy No autopsy

Duration

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 B. R. Loving, M.D. (M. D.)

Address Ballwin, Mo. Date signed 2/8/47

(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.....

Licensed Embalmer No. 1994

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.