

Registration District No. **318**

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:
5946 Enright Ave
(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 **000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **5946 Enright Ave** **9**
5 (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME **Harry R/ Fisher**

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

3. (c) Social Security No. **493-03-6704**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Doris Fisher**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **April 24th 1904**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th**, year **1948** hour **Seven** minute **05** A.M.

21. I hereby certify that I attended the deceased from **June 9, 1943** to **August 25, 1948**

that I last saw him alive on **Aug. 25- 7:05 am.**, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration **6/18/48**

8. AGE: Years **44** Months **4** Days **1** If less than one day hr. min.

9. Birthplace **O'Bion, Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Punch-press operator**

11. Industry or business **Industry Wagoner Elec Co**

12. Name **Ben Fisher**

13. Birthplace **Paducah Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Oma Hardy**

15. Birthplace **Paducah Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Doris Fisher**

(b) Address **5946 Enright Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 27, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

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

(b) Address **6633 Clayton Road**
Aug 28 1948

19. (a) _____ (b) **J. F. Breaux**
(Date received local registrar) (Registrar's signature)

Due to **Neuromyelitis optica. Developed into Paralysis** **6/9/43**

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

PHYSICIAN **82**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**

(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. Breaux** (M. D. or other) _____

Address **6504a Delmar Ave** Date signed **8/25/48**

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

MOTHER FATHER

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 *Ernest W. Spillard*

Licensed Embalmer No. *4080*

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.