

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34463

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township St Charles Primary Registration District No. 3036
City St Charles (No. 425 S. 2nd)

File No. _____
Registered No. 181
St. 1 Ward

2. FULL NAME

Henry Albert Robert Fischer

(a) Residence. No. 425 St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U.S., if of foreign birth? 44 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 — 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Fischer

17. I HEREBY CERTIFY That I attended deceased from October 15, 1925 to Nov 22, 1927, 1927, that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 440 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1879

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 | 5 | 12 | _____

Carcinoma of sigmoid colon

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: No knowledge.

10. NAME OF FATHER Henry Fischer

18. DID AN OPERATION PRECEDE DEATH? Yes DATE OF November 12-1927
WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Physical - Lab Exam
(Signed) Dr. J. H. Brown M. D.
Nov 23, 1927 (Address) 200 Clay St St Charles Mo

12. MAIDEN NAME OF MOTHER Minnie Nolte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Lula Fischer
(Address) St Charles Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Johns Cemetery DATE OF BURIAL Nov 25-1927

15. FILED 11-25-1927 Otto Beckenrich
REGISTRAR

20. UNDERTAKER Steinbrucker Funeral Co ADDRESS St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3036-14
5998-1

Dr. [unclear] [unclear]

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