JUN 4 1928

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 E
(No. MT. SAINT ROSE SANATORIUM St. Ward)
File No. 14702
Registered No. 143

2. FULL NAME Gladys Fischer
(a) Residence. No. St., Ward. Peoria, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U.S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/14/1894

7. AGE Years 34 Months [illegible] Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hoife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wingham
(STATE OR COUNTRY) Ontario Can.

PARENTS
10. NAME OF FATHER Frank Davidson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wigham
(STATE OR COUNTRY) Ontario Can.
12. MAIDEN NAME OF MOTHER Phoebe Watcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wingham
(STATE OR COUNTRY) Ontario Can.

14. INFORMANT Hospital Records
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Apr. 24, 1928 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to Apr. 24, 1928, that I last saw her alive on Apr. 24, 1928, and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

(duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) not known to me yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum.

4/24, 1928 (Signed) Jacoma Schlenker, M. D.
(Address) 3515 S. Grand Bl. St. Louis

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belleville, Ill.
DATE OF BURIAL Apr. 26 1928

20. UNDERTAKER Peter Gaerdner
ADDRESS Belleville Ill.