

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

Do not use this space.

31678

1. PLACE OF DEATH

County..... Registration District No. 7971
 Township..... Primary Registration District No. 108
 City St Louis Mo (No. 3241) Copelin St. 17 (Ward)

File No.
 Registered No. 8910

2. FULL NAME

(a) Residence. No. 3241 Copelin St., 17 Ward. (If nonresident give city or town and State)
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-30-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 4 | 4 | _____

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Gustave Fische

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

12. MAIDEN NAME OF MOTHER Rosa Tausdig

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

14. INFORMANT (Address) Mr Orville Grove 3241 Copelin Ave

15. FILED 19 1928 REGISTRAR W. C. Starkoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 25, 1928 to Sept 2, 1928. that I last saw her alive on Sept 2, 1928, and that death occurred, on the date stated above, at 5 o' 0 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
 (duration) ? yrs. 2 mos. 2 da.

CONTRIBUTORY (SECONDARY) Senile Stibility
 (duration) ? yrs. ? mos. ? da.

18. WHEN WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DATE OF CONTRACTION PRECEDE DEATH. No DATE OF _____

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Specimen
 (Signed) Dr. J. J. ... M.D.
 , 19 (Address) 3202 Lafayette Ave

*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 DATE OF BURIAL
Mo. Crematory 9-6-1928

20. UNDERTAKER ADDRESS
Petty Bros. 3029 Lafayette

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

3.30p.m.

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.

1

10.30 p.m. Today