

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

Do not use this space.

3295

File No. _____
Registered No. 1070
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 1013
City St. Louis (No. 3618 Pennsylvania)

2. FULL NAME

Cora M. Fischer
(a) Residence, No. 3618 Pennsylvania St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred J. Fischer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19th 1869</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>2</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2nd</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>	
FATHER	13. NAME <u>William Lark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mary Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Fred J. Fischer</u> (ADDRESS) <u>3618 Penn.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial</u> DATE <u>Feb. 3rd 1932</u>		
19. UNDERTAKER <u>William Schumacher</u> (ADDRESS) <u>2013 Meramec St.</u>		
20. FILED <u>FEB - 1 1932</u> <u>C. J. Foster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to Jan 31, 1932
I last saw h. m. alive on Jan 30, 1932 Death is said to have occurred on the date stated above, at 11:19 a.m.
The principal cause of death and related causes of importance were as follows:
Central Haemorrhage Jan 30
131
800/31
Other contributory causes of importance:
Chronic Hypertension 4 yrs
Date of onset

Name of operation Stomach Date of _____
What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. P. Keim M. D.
(Address) 2730 McNAIR AVE

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.

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