

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.

MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 1527 A Marcus Ave.) St. Ward)

17008

File No.
Registered No. 37592. FULL NAME Milton J. Fischer(a) Residence, No. 1527 A Marcus Ave. St. 6 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30, 1909</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>11</u>
		DAYS
		<u>6</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Business Secretary</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Neumayer Equipment Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1-35</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis Mo.</u>
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13. NAME	<u>John Fischer</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Wisconsin</u>
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15. MAIDEN NAME	<u>Tillie Becker</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Chicago Ill.</u>
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17. INFORMANT (ADDRESS)	<u>Mrs. Tillie Fischer</u> <u>1527 A Marcus Ave.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Parklawn Cem.</u>	DATE	<u>4-9</u>	19 <u>36</u>
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19. UNDERTAKER (ADDRESS)	<u>Kriegshauser Mortuaries</u> <u>422 1/2 So Kingshighway Blvd.</u>
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20. FILED	<u>APR 6 1936</u>	<u>J. T. Brudek</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5, 193622. I HEREBY CERTIFY, That I attended deceased from 6-1- 1936, to 4-5- 1936I last saw h. = alive on 4-5- 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis dis
cont.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. T. Brudek, M. D.(Address) W. C. Beech

Mr. R. R. Andrews
Chase Bldg.

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