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

Do not use this space.

FEB 8 1937 791

File No. 3123

Registered No. 144

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No.1 St. Ward)

B. 14276 Henry Fischer

2. FULL NAME

(a) Residence, No. 2500 De Kalb St., 13 Ward. 1
(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: male

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) July, 9th. 1871.

7. AGE: YEARS 65 | MONTHS 5 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) St. Louis, Missouri

FATHER

13. NAME Henry Fischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Mary Christensen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Hosp. Info. H.H. Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Jan. 6th. 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED JAN 4 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/2/37, 19, to 1/4/37, 19

I last saw him alive on 1/4/37, 19. Death is said to have occurred on the date stated above, at 2.45 a m.

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

Lobar pneumonia 108 | Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) Geo. Seibold, M. D.

(Address) City Hospital No.1

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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