

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

35827  
Do not use this space.

**NOV 15 1937**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1000**  
 (c) City **St. Louis** (d) Street No. **5049 Vernon Ave.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Elizabeth M. Fischer**

(a) Residence, No. **5049 Vernon Ave.** St. **12**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William M. Fischer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 16, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69 10 20**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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 Mo.**

FATHER 13. NAME **Edw. Mulick**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Julia Cox**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Miss Abilene McCoy**  
 (ADDRESS) **5049 Vernon Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct. 9, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.**  
 (ADDRESS) **3840 Lindell Blvd.**

20. Local Registrar **J. Biedick**  
**OCT 8 1937**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **December 16, 1936** to **October 6, 1937**

I last saw her alive on **Oct. 6, 1937** Death is said to have occurred on the date stated above, at **5:25 PM.**

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

**Mitral heart regurgitation**

*92a*

Other contributory causes of importance:  
**Arterial sclerosis and abdominal tumor unknown as to malignancy**

Name of operation **none** Date of.....  
 What test confirmed diagnosis? **none** 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?  
 If so, specify.....  
 (Signed) **J. Biedick** M. D.  
 (Address) **University Club Bldg.**

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.

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**