

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

5168
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis, Mo. (d) Street No. Lutheran Hospital 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.

Registered No. **1813**

2. PRINT FULL NAME Dolores Jane Fischer 260

(a) Residence, No. 3627 Nebraska St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 -- 1 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME Clarence Fischer

14. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Minnie Monsees

16. BIRTHPLACE (CITY OR TOWN) Ionia, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. Clarence Fischer (ADDRESS) 3627 Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE North Lincoln, Mo. DATE 2-22 1938

19. FUNERAL DIRECTOR Beidervieden F. Home, Inc. (ADDRESS) 1936 St. Louis

20. FILED **FEB 21 1938** J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1938, to 2/21, 1938

I last saw him alive on 2/20, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Bronchial Pneumonia

Date of onset 2/19/38

Other contributory causes of importance:

Measles:

1/12/38

Name of operation none Date of _____

What test confirmed diagnosis? elmer 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify _____ (Signed) Hubert J. Matthews, M. D.

(Address) 5205 1/2 Clufferson St.

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.

Dr. H. P. Smith
5205th Chipewagon

STATEMENT BY LICENSED EMBALMER

I, Guadalupe, Licensed Embalmer No. 3737
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 Guadalupe
Licensed Embalmer No. 3737

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.)