

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.

1933 OCT 12 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 1008
Township Primary Registration District No.
City St. Louis (No. Park Lane Hospital) St. Ward)

30426

File No.
Registered No. 7863
St. Ward)

2. FULL NAME

(a) Residence, No. Emma Fichter St. N.P. 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 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) 7-24-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 1 11

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

9. Industry or business in which work was done, as silk mill, 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 County Mo. (STATE OR COUNTRY)

13. NAME Julius Fichter

14. BIRTHPLACE (CITY OR TOWN) Europe (STATE OR COUNTRY)

15. MAIDEN NAME Eliz. Sick

16. BIRTHPLACE (CITY OR TOWN) Europe (STATE OR COUNTRY)

17. INFORMANT Julius Fichter (ADDRESS) Emma 2210

18. BURIAL, CREMATION, OR REMOVAL PLACE Assumption Ch. Cem. DATE 9-7-1933

19. UNDERTAKER Southern Funeral Home (ADDRESS) 6322 S. Grand

20. FILED SEP - 6 1933 J. P. Brubaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938, to Sept. 4, 1938

I last saw her alive on Sept. 4, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Osteogenic osteolytic sarcoma of the left clavicle with probable metastases to the vertebrae of column. Postoperative shock.

Other contributory causes of importance:

Name of operation Excision of sarcoma Date of Sept. 4, 1938

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, 1938

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. A. Seib, M. D.

(Address) 2323 Lafayette Ave.

STATEMENT OF LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Frank

Ludwig

Signed

Frank Ludwig

Licensed embalmer # 2504 -

P. O. Address St. Louis, Mo.