

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

7719
Do not use this space.

1. PLACE OF BIRTH (Month, Day, Year) 1939
 (a) County St. Louis Registration District No. 784
 (b) Township Brentwood Primary Registration District No. 100 Registered No. 367
 (c) City Brentwood (d) Street No. 8858 Maritz 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 260 Venus Fischer
 (a) Residence, No. 8858 Maritz St. Brentwood Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Fischer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) Missouri
 FATHER 13. NAME Emil Litzsinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Leitz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Charles Fischer
8858 Maritz, Brentwood Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem DATE 3-3-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H. Bopp
Brentwood Mo
 20. FILED MAR 1 1939 W. M. D. D. P.
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939
 22. HEREBY CERTIFY, That I attended deceased from Nov 17, 1938 to Feb 27, 1939
 I last saw him alive on Feb 24, 1939 Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Right Ovary
metastatic Carcinoma
of Peritoneum
 Other contributory causes of importance: 49
 Name of operation Lithotomy Date of 1-7-1939
 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) L. H. Bopp M. D.
 (Address) 203 Breuners 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.

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1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
John M Meyer....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John M Meyer

Licensed Embalmer No. *3285*

P. O. Address *Turkwood*

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.)

If this body is not embalmed, above space should be left blank.