

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

8202
 Do not use this space.

REC'D APR 12 1939

791
 1003

Registered No. **1967**

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 4526 Page Blvd. 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 Margaretha Fischer

(a) Residence, No. 4526 Page Blvd. St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939, to Mar 1 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th, 1860

I last saw her alive on Mar 1 1939. Death is said to have occurred on the date stated above, at 10 A. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 15

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

Date of onset

Chronic Myocarditis
2/21/39
Brachopneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance:

FATHER
13. NAME George Meider

2/21/39

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

Name of operation Op. Esau Date of No

MOTHER
15. MAIDEN NAME Catherine Bauer

What test confirmed diagnosis? Op. Esau Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Miss Margaretha Fischer
4526 Page Blvd.

Accident, suicide, or homicide? Date of injury 19.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Cem. DATE Mar. 3rd, 39

Where did injury occur? (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Haral
1905 Union Blvd.

Specify whether injury occurred in industry, in home, or in public place.

20. FILED MAR 2 1939

Manner of injury

Nature of injury

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

If so, specify (Signed) John S. M. Finney M. D.

(Address) 504 Thella St.

Every item of information should be carefully checked and verified before being reported. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Provision A 1/1/77

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carve
Licensed Embalmer No. 3534
P. O. Address.....

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.