DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41336

Registration District No. 1003 Primary Registration District No. Registrar's No. 10459

1. PLACE OF DEATH:

(a) County 2

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2128 OREGON AV (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2128 OREGON (If rural, give location)

(e) If foreign born, how long in U. S. A.? 46 years.

3. (a) PRINT FULL NAME JOSEPH FISCHER 260

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY FISCHER

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEB. (Month) 23 (Day) 1870 (Year)

8. AGE: Years 69 Months 9 Days 13 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business WATCHMAN

FATHER 12. Name AUGUST FISCHER

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name CATHERINE UNK.

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Fischer

(b) Address 2128 Oregon av

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 8 39 (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATION

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) DEC 6 1939 (Date received for record) (b) J. B. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1939 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from Dec. 1, 1939, to Dec. 5, 1939 that I last saw him alive on Dec. 5, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	2 yrs.
Due to	
Due to	

Other conditions Asthma bronchial ? (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. M. Adkins (M. D. or other) MD.

Address 3012 Lafayette Date signed 12-6-39

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.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette, C

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

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