

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26290

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1315

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood Mo.
(c) Name of hospital or institution 7236 High St.
(d) Length of stay: In hospital or institution None

In this community _____ years, months or days

8. (a) PRINT FULL NAME Johanna Fischer

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Adolph Fischer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27, 1866

8. AGE: Years 74 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace At Sea

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Pfounts

13. Birthplace Austria

14. Maiden name Unknown

15. Birthplace Austria

16. (a) Informant Charles Fischer

(b) Address 7236 High Street

17. (a) Burial (b) Date thereof 7 16 40

(c) Place: burial or cremation St. Lebanon

18. (a) Signature of funeral director Jay W. Smith

(b) Address 3456 Manchester

19. (a) JUL 13 1940 (b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 7236 High Street
(d) Street No. Maplewood Mo.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 9, 1935 to July 13, 1940

that I last saw her alive on July 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Disease (senile) Duration years

Due to Senile general arteriosclerosis

Due to Senile dementia

Other conditions (Include pregnancy within 3 months of death) Multiple Sclerosis of Color

Major findings: Of operations _____

Of autopsy _____

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? _____

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

(Specify type of place) _____

23. Signature Douglas A. P. Smith (Date, D. or other) _____

*Address 7166 Manchester Ave Date signed 7/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

Licensed Embalmer No. _____

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.