

P. 2  
13-40  
7-39  
X23159

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **About 1 Month**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **PAULINE FISCHER**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mathew**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 4 1864**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **18**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Springer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. John Fischer**  
(b) Address **4749 Dahlia**

17. (a) **Burial** (b) Date thereof **Sept. 25, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **J. H. Kibben Dir. & Und. Co.**  
(b) Address **2842 Meramec St.**

19. (a) **SEP 23 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4749 Dahlia**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **60** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **22**  
year **1940** hour **6** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **9-2-40**  
\_\_\_\_\_, 19\_\_\_\_, to **9-22-40**, 19\_\_\_\_;  
that I last saw him alive on **9-21-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic endocarditis**

Due to **Diabetes Mellitus**

Due to \_\_\_\_\_

Other conditions **51**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **J. H. Kibben** (M.D. or other) \_\_\_\_\_  
Address **507 1/2 N. Main** Date signed **9-23-40**

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

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

**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.....

**Joseph S. Benz**

....., Registered Apprentice No. **218**

working under my personal supervision.

Signed

*Heriman A. Gebken*

Licensed Embalmer No. **2120**

**2842 Meramec St.**

P. O. Address **St. Louis, Mo.**

**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, fact should be so stated above.**