

3-2
7-39
X23159

RECEIVED FEB 25 1941
Registration District No. 1931

Primary Registration District No.

1003

Registrar's No.

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:
4241 Beethoven Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1517
(d) Street No. 4241 Beethoven Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1941 hour 1:35 minute P.M. M.
21. I hereby certify that I attended the deceased from Nov 28, 1939, to Jan 19, 1941;
that I last saw her alive on Jan 19, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast
Due to 50
Due to Metastatic carcinoma
Other conditions of liver
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Operation 11/28/39
Carcinoma of breast
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 0

23. Signature J. S. Bernard (M. D. or other) MD
Address 3115 So. Grand Date signed _____

3. (a) PRINT FULL NAME Anna Fischer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank H. Fischer 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 24 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 26 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nicholas Schmid

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 Frank H. Fischer

(b) Address 4241 Beethoven Ave.

17. (a) Cremation (b) Date thereof 1-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 20 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

16-12
No. 8370

NOV 20 1944

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 *Edurn M. Bernath*
Licensed Embalmer No. *3024*

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, fact should be so stated above.