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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 805
Registrar's No. 805

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

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: St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daisy Hays 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 Widowed
6. (b) Name of husband or wife Frederick Fischer, 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased January 1, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 23 hr. min.

9. Birthplace Xenia, Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name William Hays
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Mildred Fischer
(b) Address 775 Clara Ave.

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) JAN 25 1941 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 517
(If outside city or town limits, write "RURAL")
(d) Street No. 775 Clara Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 15, 1941, to Jan 24, 1941;
that I last saw her alive on Jan 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus 2 hrs.

Due to g3a
Due to _____

Other conditions Cerebral hemorrhage 1 wk.
(Includes pregnancy within 3 months of death)

Major findings: Of operations g3a
Of autopsy D
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Bursell Vaughn (M. D. or other)
Address Missouri State Bldg Date signed 1-24-41

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

Robert T. Sawyer

Registered Apprentice No. *259*

working under my personal supervision.

Signed:

Mervill D. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St*

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.