

3-40
-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: 3860 Arsenal St /
(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

3. (a) PRINT FULL NAME. Lena 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. 2 Widow

6. (b) Name of husband or wife. Phil Fischer

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

7. Birth date of deceased. October 18 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>13</u>	hr. _____ min _____

9. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation. nil

11. Industry or business _____

MOTHER FATHER {

12. Name. Gustav Thym

13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

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

16. (a) Informant. Louis Fischer

(b) Address. 3860 Arsenal St.

17. (a) Burial (b) Date thereof. 2/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Paul Churchyard

18. (a) Signature of funeral director. _____

(b) Address. E. J. Schnor 3125 Lafayette

19. (a) Date received local registrar. FEB 2 1941

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
17

(c) City or town. St. Louis 916
(If outside city or town limits, write "RURAL")

(d) Street No. 3860 Arsenal St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1941 hour 12:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 17th, 1940, to January 31, 1941, that I last saw her alive on January 31, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Intestinal hemorrhage due to carcinoma of ascending colon -

Due to chronic myocarditis 15 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations. [Signature]

Of autopsy _____

Duration

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)

Means of injury. D.

23. Signature. [Signature] (M. D. _____)

Address. 3232 Lafayette Date signed 2/2/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Jose B. Rollman

Licensed Embalmer No. *4014*

P. O. Address.....

3125 Lafayette Ave

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.