

No. 2  
-1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE **FILLED JUN 25 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

16376

State File No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3894**

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:  
**4134 Westminster Place.**  
(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 **Olive A. Fischer.**

3. (b) If veteran, name war **None**  
3. (c) Social Security **N498-01-0052**

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 29, 1893**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **4** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper.**

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

12. Name **John J. Fischer.**

13. Birthplace **St. Louis, Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alvina Jansen.**

15. Birthplace **St. Louis, Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. J. Fischer.**

(b) Address **4134 Westminster Place.**

17. (a) **Burial** (b) Date thereof **5-10-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul Cemetery.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAY 8 1941** (b) **J. H. Brebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **1719**  
(d) Street No. **4134 Westminster Place.** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th.**  
year **1941** hour **11:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1935** to **May 7 1941**  
that I last saw him **live on** **May 6 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia of Breast**

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

Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: Of operations \_\_\_\_\_

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? **Meter.**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury **0**

23. Signature **J. H. Brebeck** (M. D. or other) **0**

Address **1446 S. Grand** Date signed **May 7 1941**

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

MOTHER FATHER

Dr. W. Van Matre  
1916  
of  
Baltimore  
MD

**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 W. Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.