

S. No. 2  
M-1-4-41  
v. 5-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1949

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16563

Registration District No. 791

Primary Registration District No. ....

Registrar's No. 4081

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 1 mo. 14 dys.  
(Specify whether years, months or days)  
In this community... 67 yrs. 11 mos. 28 dys.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Grand Hotel 6th & Chestnut St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME VINCENT FISCHER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Mary Kautzmann Fischer 6. (c) Age of husband or wife if years

7. Birth date of deceased May 15 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	28	hr. min.

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

10. Usual occupation Tailor

11. Industry or business Custom Tailor

12. Name John Henry Fischer

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

14. Maiden name Theresa May Schutz

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

16. (a) Informant Arthur J. Donnelly  
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) MAY 15 1949 (b) J. M. ...  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1941 hour 9.00 minute P. A. M.

21. I hereby certify that I attended the deceased from March 31st, 19 41 to May 13th 19 41  
that I last saw him alive on May 13th, 1941 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease  
3-31-41-X

Due to General Arteriosclerosis

Due to 3-31-41-X

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy NO

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) (Specify type of injury)

23. Signature Arthur J. Donnelly (Specify name of place)  
Address 5400 Arsenal St. (Specify name of place)

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

50  
17  
9

**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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Ludell*

**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.**