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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32216

Registration District No. 466 Primary Registration District No. 4396 Registrar's No.

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 13- 7 -14

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 079
(c) City or town: Perryville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eunice Ruth Fischer
3. (b) If veteran, name war:
3. (c) Social Security No.: None
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: Jan. (Month) 12 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
13	7	14	hr. min.

9. Birthplace: East St. Louis (City, town, or county) ILL. (State or foreign country)
10. Usual occupation: Scholar
11. Industry or business:
FATHER
12. Name: Theodore L. Fischer
13. Birthplace: Drake (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Louise Hoehn
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Theodore L. Fischer
(b) Address: Perryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville, Mo.
19. (a) 8-27-41 (Date received local registrar) (b) Joe C. Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26TH, 1941 year hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from 9:15 AM, August 26, 1941, to 11:10 AM, Aug. 26, 1941; that I last saw he alive on August 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema	
Due to: Cardiac failure	
Due to: Acute poliomyelitis, etiology undetermined	4 hours
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: —
Of autopsy: — Not performed

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? —
(Specify type of place)
While at work? — (e) Means of injury: —

23. Signature: Herbert A. Tracy (M. D. or other) M
Address: Perryville, Missouri Date signed 8/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.