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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 741

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36967

Primary Registration District No. 1003

Registrar's No. 9197

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:
Deaconess Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. 213 East First St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Lavina Fischer
3. (b) If veteran, name war No.
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 George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 6 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	12	hr. min.

9. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Isaac Kerby
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emaline Marsh
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant George A. Fischer
(b) Address Edwardsville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation O'Fallon, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) NOV 19 1941 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1941 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 30, 1941, to November 18, 1941; that I last saw her alive on November 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 G. R. Shuffler (M. D. or other)
Address 1020 No. Theatre Bld. St. Louis, Mo. Date signed 11-19-41

(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.....Guy W Wilbinson

Licensed Embalmer No.....3575

P. O. Address.....

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.