V. S. No. 2
50M—9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 265

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 655

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

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: 1414 N. TAYLOR AVE.
(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 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS — (If outside city or town limits, write "RURAL")

(d) Street No. 1414 N. TAYLOR AVE. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY FISCHER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JAN — 9 — 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 13 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED BAKER

11. Industry or business

MOTHER FATHER

12. Name JOE FISCHER

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

14. Maiden name UNKNOWN

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

16. (a) Informant Clara Fischer

(b) Address 1414 N. Taylor ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Laulen & Kelly

(b) Address 1416 N. Taylor ave.

19. (a) JAN 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1942 hour 6:10 minute A.M.

21. I hereby certify that I attended the deceased from ..., 1936, to Jan. 20, 1942 that I last saw h... alive on Jan. 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral thrombosis — 3 weeks

Due to cerebral arteriosclerosis

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 Norton John Evenell (M. D. or other) M.D.

Address 429 Washington Date signed 1/20/42

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.