V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3585

Registration District No. FILED FEB 16 1942 / 84

Primary Registration District No. 101

Registrar's No. 285

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. L. Co. Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. L. 96

(c) City or town Maplewood 5 (If outside city or town limits, write "RURAL") 3

(d) Street No. 7639 Marion Ct. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Edward L. Fischer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sohia B. Fischer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 19, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	17	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Carpet & Rug Dealer

11. Industry or business .....

FATHER
12. Name Louis Fischer
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clarence Fischer

(b) Address 7639 Marion Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) FEB 7 1942 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1942 hour 12 minute 45 A. M.

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

Immediate cause of death Accidentally struck by a strret car. | Duration

Due to Multiple fractures : Laceration of parietal pleura with hemohorax

Due to on right: Slight subarachnoid Hemorrhage; Bronchopneumonia

Other conditions upper lobe of right lung (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Yes

171 a-4
31

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) Accident

(b) Date of occurrence Feb 4th, 1942 126

(c) Where did injury occur? Maplewood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place. (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H. Bopp M.D. Coroner

Address Kirkwood, Mo. 2-6-42 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1942

MAR 3 1942

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. H. J. Burgess

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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.