

S. No. 7
4-1-41
7-517-39
1933

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28147 - PV

REGISTRATION DISTRICT No. 784

Primary Registration District No. 101

Registrar's No. 1727

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:
County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7534 Comfort
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1942 hour 6:15 minute A M.

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

Immediate cause of death Ran into side of an automobile on a public highway.

Due to Fracture of skull with subarachnoid hemorrhage; Multiple fractures of ribs; Ruptured right kidney; Ruptured

Other conditions liver.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes.

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) Accident.
(b) Date of occurrence August 13, 1942
(c) Where did injury occur? Big Bend & Flora
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

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

23. Signature Louis H. Hopf (M. D. or other)
Address Kirkwood, Mo. Date signed 8/14/42

3. (a) PRINT FULL NAME Herman Fischer

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

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

6. (b) Name of husband or wife Mary Fischer 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 10, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Green Keeper

11. Industry or business Golf Club

12. Name Wm. Fischer

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

14. Maiden name Unknown

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

16. (a) Informant Mary Fischer

(b) Address 7534 Comfort

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-42
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetary

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

(b) Address 7456 Manchester

19. (a) AUG 15 1942 (Date received local registrar) (b) C. S. McVern (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Me. P.

96
320

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.....

J. A. 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.