

Registration District No. **1943 318**

Primary Registration District No. **1003**

Registrar's No. **4304**

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

1. PLACE OF DEATH:

(a) County **St. Louis MO**
(b) City or town **St. Louis MO**
(c) Name of hospital or institution: **4030 PARKER 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **004 12**
(c) City or town **ST. LOUIS MO 9/16**
(If outside city or town limits, write "RURAL")
(d) Street No. **40 30 PARKER** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **CAROLINE L. FISCHER**

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

4. Sex **FE** 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 **DEC. 26 1879**
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **12** If less than one day hr. min.

9. Birthplace **St. Louis, Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business

MOTHER FATHER { 12. Name **AUG FISCHER**
13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Knecht**
15. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Augusta Katz**

(b) Address **5737 1/2 Campbell St.**

17. (a) **BURIAL** (b) Date thereof **MAY 20 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem**

18. (a) Signature of funeral director **Budweiser Funeral Home**

(b) Address **1936 N. 1st St. St. Louis, Mo.**

19. (a) **MAY 20 1943** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **MAY** day **8**
year **1943** hour **2:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **9/1/42**
....., 19....., to **5/8** 19.....
that I last saw her alive on **5/2** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left ovary** Duration **1 yr**

Due to **HP**

Due to **HP**

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?

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

Signature **W. H. ...** (M. D. or other)

Address **2924 S. Grand** Date signed **5/8/43**

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. *3737*

P. O. Address *1926 St. Louis Ave.*

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.