. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33073

Registrar's No. 9455

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)

In this community 32 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4800 N. Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gus Fischer

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret Fischer nee Wiegand

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

7. Birth date of deceased March 25 1872 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Black Jack (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Coal & Kindling

11. Industry or business

MOTHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Thelma A Sengler

(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 27 1943 (Date received local registrar) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25, year 1943 hour 11.30 p.m. minute M.

21. I hereby certify that I attended the deceased from Sept 27th, 1943, to Oct. 25th, 1943, that I last saw him alive on Oct. 25th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1943x
Due to Generalized Arteriosclerosis	1943x
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 Louis M. Melich (M. D. or other)

Address 5400 Arsenal Date signed 10-26-43

(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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo

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.

State of Missouri } ss.
City of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9455

On this 12th day of November, 1943, before me appears Walter Fischer, who, upon his oath, states that the original record of ~~birth~~ death for Gustav Fischer, Sr. died ~~born~~ Oct. 25, 1943, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read March 25, 1873
Instead of March 25, 1872

Item No. 8 should read 70 years 7 Months 0 Days
Instead of 71 years 7 Months 0 Days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Walter C. Fischer — Son (Relationship.)

4829 N. Broadway (Present Address.)

Subscribed and sworn to before me this 12th day of November, 1943.

My Commission expires June 18, 1944 — W. R. Egelhoff, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

33073