

FILED JUN 23 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5387

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:
4422 No. 19th Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4422 No. 19 Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sophia Fisch
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
year 1944 hour 7 minute 30 P.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Fisch
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Sept. 30. 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 13, 1944 to June 13, 1944
that I last saw h. alive on June 13, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 8 13 hr. min.

Immediate cause of death Carcinoma of breast
Duration

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Due to 50
Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Charles Obermueller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Kemp
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations -
Of autopsy -
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Fisch
(b) Address 4422 No. 19. Str

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof 6/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

(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?

18. (a) Signature of funeral director J. F. Beedeck
(b) Address 2117 E. Grand Blvd.
19. (a) JUN 16 1944 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. F. Beedeck (M. D. or other)
Address 1918 E. Grand Date signed

WRITE PLAINLY—USE UNFADING INK

W. E. Ross

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

Frank A. [Signature]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [Address]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.