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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 6 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **7190**  
Registrar's No. **H04**

Registration District No. **317** Primary Registration District No. **3063**

**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. Louis County Hosp.  
(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 3 yrs.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6329 Lenox  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Fisbeck  
**3. (b) If veteran,** name war — **3. (c) Social Security** No. —

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 2 day 21  
year 1947 hour 5 minute 35 A.  
**21. I hereby certify that I attended the deceased from**  
2-19, 1947 to 2-21, 1947  
that I last saw her alive on 2-21, 1947  
and that death occurred on the date and hour stated above.

**4. Sex** F **5. Color or race** Wh  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** John **6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** 10 2 1861  
(Month) (Day) (Year)

Immediate cause of death Strangulated left inguinal hernia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death) 2 days

**8. AGE:** Years 85 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** None

**11. Industry or business**  
**12. Name** John Meier H  
**13. Birthplace** Germany (City, town, or county) (State or foreign country)  
**14. Maiden name** —  
**15. Birthplace** New Orleans, LA (City, town, or county) (State or foreign country)

Major findings:  
Of operations 12 1/2"  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Edward Meier  
**(b) Address** 6541 PARKWOOD PLACE  
**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** 2-24-47  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** OLD ST. MARCUS CHURCH

**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)  
(e) Means of injury 0

**18. (a) Signature of funeral director** JOHN L. ZIEGENHEIN  
**(b) Address** 7023 GRAVOIS  
**19. (a) 2-25-47** (Date received local registrar) **(b) Ruth L. Allen M.F.** (Registrar's signature)

**23. Signature** Wm. C. Cristobal (M. D. or other) 0  
**Address** 601 Brentwood Blvd. **Date signed** 2/21/47  
Clayton

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

217  
47

909

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1955

MAR 6 1947

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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.....

*W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address. *7027 Gravois*

**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.**