S. No. 2
—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

Registration District No. 367

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 22816

Registrar's No. 1348

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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Lemay (If outside city or town limits, write "RURAL")
(d) Street No.: 404 Fannie Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No): /
If yes, name country:

3. (a) PRINT FULL NAME: ERNESTINE V. FISCHER
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Otto R. Fischer
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: 11 (Month) 21 (Day) 1884 (Year)

8. AGE: Years 62 | Months 7 | Days 2 | If less than one day: hr. min.

9. Birthplace: France (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Charles Charpentier
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Amelia Strasobach
15. Birthplace: France (City, town, or county) (State or foreign country)
16. (a) Informant: Otto Fischer
(b) Address: 404 Fannie Ave. Lemay
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial
18. (a) Signature of funeral director: Witt Bros. Inc.
(b) Address: 2929 S. Jefferson St.
19. (a) 6-25-47 (Date received local registrar) (b) Carl A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 23 year: 1947 hour: 3 minute: 41 P.M.

21. I hereby certify that I attended the deceased from June 16, 1947 to June 23, 1947 that I last saw her alive on June 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia due to arteriolar nephrosclerosis	1 month
Due to: intercapillary glomerulosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus	3 yrs.

Major findings:
Of operations: (1)
Of autopsy:

PHYSICIAN
Underline the cause of 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: ()

Signature: H. Zahn M.D. (M. D. or other)
Address: 601 Brentwood Blvd. Date signed: 6/23/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson av

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.