

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25220

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033B  
City St. Louis (No. 6218 Etzel Ave.) St.      Ward     

File No.       
Registered No.     

**2. FULL NAME**

Annie Fischer  
(a) Residence. No. 6218 Etzel Ave. Ward       
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. ~~Single~~ Married WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15, 1923

5A. ~~Married~~ WIDOWED, OR DIVORCED MAGDALENE (OR) WIFE OF the late Ben Fischer

17. I HEREBY CERTIFY, That I attended deceased from 8-10-23 to 8-15-23 that I last saw her alive on 8-15-23 and that death occurred, on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2-1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 6 13

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
97 (duration) yrs. mos. 5 ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 10 or 12 yrs. mos.      ds.

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH     

10. NAME OF FATHER  Eugene Keller

9 DID AN OPERATION PRECEDE DEATH. DATE OF     

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

10 WAS THERE AN AUTOPSY?     

12. MAIDEN NAME OF MOTHER  Susan Steinwaldt

11 WHAT TEST CONFIRMED DIAGNOSIS. (Signed) Wm H Paulley M. D.  
Aug 15, 1923 (Address) 5301 Eastern Av.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14. Mrs. Gertrude Sommer  
INFORMANT (Address) 6218 Etzel Ave.

19. PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthew's Cem. DATE OF BURIAL Aug 17, 1923

15. FILED Aug 15, 1923 Dr. C. W. Peppers REGISTRAR

20. UNDERTAKER Joe W. Clark ADDRESS Hodsdonment Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

