

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

Do not use this space.

6222

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... **St. Louis** Precinct Registration District No. **1003**
City..... **Osage** (No. **2854**)

File No.....
Registered No. **1406** St. Ward)

2. FULL NAME

(a) Residence. No. **Notorius Ill.** St. **15** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. **7** mos. **7** da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Minnie Fischer**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 10 1885**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
41	5	5	29	

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

9. BIRTHPLACE (CITY OR TOWN)..... **St. Louis**
(STATE OR COUNTRY)

10. NAME OF FATHER **Christopher Fischer**

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

12. MAIDEN NAME OF MOTHER **Dina Suttman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **St. Louis**
(STATE OR COUNTRY)

14. INFORMANT **Erwin Fischer**
(Address) **2854 Osage**

15. FILED **FEB -9 1927** **mar 6 Starks**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 8 1927**

17. I HEREBY CERTIFY That I attended deceased from **Feb 5 - 1927**, to **Feb 8 1927** that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... **10:55 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY (SECONDARY) **Paronychia** (duration) **3** yrs. mos. da.
monitis (duration) **Chronic** yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY..... **no**

WHAT TEST CONFIRMED DIAGNOSIS..... **renal**
(Signed)..... **W. P. ...** M. D.
29 , 19**27** (Address) **2418 N Grand**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Notorius Ill.** DATE OF BURIAL **2-10 1927**

20. UNDERTAKER **W. Schumacher** ADDRESS **3013**

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.

1928 Russell