

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.**

(No. **Alexander Bros. Hosp.**)

File No. **35151**

Registered No. **10325**

St. ....

Ward.....

**2. FULL NAME** **Nicholas Trischer**

(a) Residence. No. **2856 Wyoming** St., **24** 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**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widowed**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Nov. 15 - 1854**

**7. AGE**

**73**

YEARS

**0**

MONTHS

**2**

DAYS

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Retired**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Baker**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**PARENTS**

**14. INFORMANT**

(Address)

**Oscar B. Trischer**

**2057 Russell**

**15. FILED**

**NOV 28 1927**

**Max G. Starckoff**

REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

**5**  
**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Nov. 17 - 1927.**

**17. I HEREBY CERTIFY That I attended deceased from 10712 1927, to 11/17/1927 that I last saw him alive on 11/15/1927 and that death occurred, on the date stated above, at 12:10 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pericardial Aneurysm**  
**12.1.18**

**CONTRIBUTORY** **Heart Failure** (duration) yrs. mos. ds. **4**  
**(SECONDARY)** **High Blood Pressure** (duration) yrs. mos. ds. **3**  
**Heart Failure** (duration) yrs. mos. ds. **3**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: **2834 1/2**

DID AN OPERATION PRECEDE DEATH: **No** DATE OF: **11/4/27**

WAS THERE AN AUTOPSY? **No**

TEST CONFIRMED DIAGNOSIS: **Byford Dwyer and**

(Signed) **Max G. Starckoff** M. D.

**117** . **1927** (Address) **2844 1/2**

\*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**

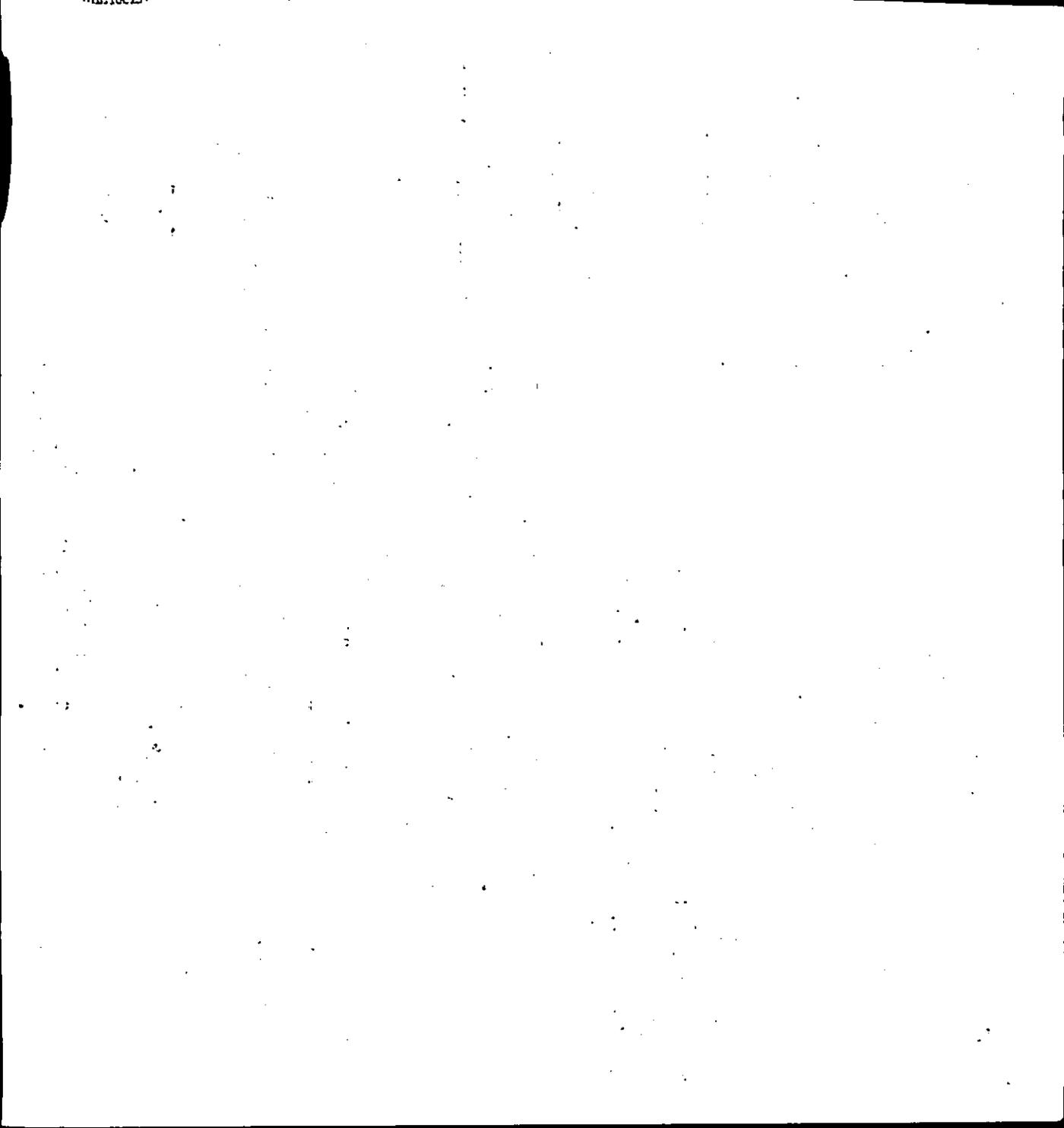
DATE OF BURIAL

**S. S. Peter & Paul** **Nov. 21 1927.**

**20. UNDERTAKER**

ADDRESS

**Ziegenhain Bros. 2673 S. Chesapeake**



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No. 791 File No.....  
 Township St. Louis Primary Registration District No. 1003 Registered No. 10323  
 City St. Louis (No. ....) St. .... Ward)

**2. FULL NAME**

Nicholas Fischer

(a) Residence. No. .... St. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED wid (*write the word*)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 - 1927

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

Pneumonia Acute

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

CONTRIBUTORY Acute Appendicitis (SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 117B

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS?

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

(Signed)....., M. D. , 19 (Address)

\*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

15. FILED 19 May 6 1927 REGISTRAR

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Statement of OCCUPATION is very important.

SUPPLEMENTARY

S-35/51