

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

Do not use this space.

6810

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 3544<sup>a</sup>) Caroline St. 18 (Ward)

File No. ....  
 Registered No. **1764**

**2. FULL NAME**

Franziska Fischer  
 (a) Residence. No. 3544<sup>a</sup> Caroline St. 18 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. 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 Louise Fischer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
67 | 2 | 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stock Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Waty Pump Co  
 (c) Name of employer

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

10. NAME OF FATHER Charles Fischer

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

12. MAIDEN NAME OF MOTHER Mary Anglemier

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

14. INFORMANT Louise Fischer  
 (Address) 3544<sup>a</sup> Caroline St

15. FFB 17 1328 FILED 19 May 21 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16. 19 28

17. I HEREBY CERTIFY, That I attended deceased from Feb 5<sup>th</sup> 1928, to Feb 16 1928, that I last saw him alive on Feb 16 1928, and that death occurred, on the date stated above, at 8:03 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
132B  
Uraemia  
 (duration) yrs. mos. da. 5

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis  
 (duration) 304 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, 129A  
 DID AN OPERATION PRECEDE DEATH? 8 DATE OF OPERATION  
 WAS THERE AN AUTOPSY? 8

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Thos. W. Congelucan, M. D.  
2/17, 1928 (Address) 5043 Vernon Av

\*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 Valhalla Cem. DATE OF BURIAL Feb 18 19 28

20. UNDERTAKER A. Keon & Co ADDRESS 2707 M. Grand Blvd

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.

