

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

Do not use this space.

42644

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 171003
City St. Louis (No. Lutheran Hospital) Registered No. 11890
St. Ward)

2. FULL NAME

(a) Residence. No. 3806 Hartford St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 Female 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 Geo H Bunning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 1 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Mo

10. NAME OF FATHER Chas R. Fischer

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

12. MAIDEN NAME OF MOTHER Rosa Hageman

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

14. INFORMANT Charles R. Fischer
(Address) 3806 Hartford St

15. DEC 7 1928
FILED 19 Max C Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 4:30 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Septicaemia
following Abortion
195A
360 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Homicide
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. W. Kemmer M.D.
12/8, 1928 (Address) Dep. Cora

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 St. Ram Cemetery DATE OF BURIAL Dec 7 1928

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S Bldg

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.

