

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

Do not use this space.

1448

1. PLACE OF DEATH

County Jackson
Township North
City St. Charles

Registration District No. 399
Primary Registration District No. 1002
(No. 311 Clinton Place)

File No. _____
Registered No. 399
St. _____ Ward _____

2. FULL NAME

Elizabeth S. Fischer
(a) Residence. No. 301 Clinton Pl. St. 10 Ward 10
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-4-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Eng. Truckman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Mrs. Schlimm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Edward Fischer
(Address) 4014 Monroe Ave

15. FILED 14 29 M. M. Cronin
REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-7-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec-23-1928 to Jan-2-1929 that I last saw her alive on Jan-2-1929 and that death occurred, on the date stated above, at 10:30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
107A (alone)

CONTRIBUTORY (SECONDARY)

107A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas. Nelson M. D.

Jan-2-1929 (Address) 1812 7th St. St. Charles

*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

Forest Hill Jan-5-1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster St. Charles

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.

WHILE IN PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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