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

Do not use this space.

10632

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.

Township St. Louis — Primary Registration District No. 1003 — Registered No. 2640

City Mo (No. City Infirmary St. Ward)

2. FULL NAME George Fisler

(a) Residence. No. City Infirmary St., 13 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	59	6	17	

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

PARENTS

10. NAME OF FATHER John Fisler

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

12. MAIDEN NAME OF MOTHER Catherine Fischer

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

14. INFORMANT Mrs Adelle Sittig
(Address) 7118 Tulane Ave

15. FILED MAR 15 1930 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-1, 1930, to 3-14, 1930 that I last saw him alive on 3-13, 1930 and that death occurred, on the date stated above, at 3:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
92 E
82 A
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Kirkbrid, M. D.
3-14, 1930 (Address) 5600 Arsenal

*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
Calhalla Cemetery	3-17 1930
20. UNDERTAKER	**ADDRESS**
Wm. M. Schumacher	4834 Nat Bridge

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.

B. Lic. 27-1870 - 5A-6-17

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