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

Do not use this space.

35570

1. PLACE OF DEATH County: St. Louis Registration District No. 788
Township: Primary Registration District No. 1471 File No.
City: Webster Groves (No. Edgar & Glendale Rd. St. Ward) Registered No. 100

2. FULL NAME Edward Louis Fischer

(a) Residence. No. 330 West Lockwood St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma B. Fischer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 1865

7. AGE: Years 66 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery
(c) Name of employer: Hass Lieber

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

PARENTS

10. NAME OF FATHER: Adolph Fischer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Antonia Waldhum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Olga V. Fischer
(Address): 330 W. Lockwood, Webster Groves Mo.

15. FILED 10/27, 1931 D. A. W. Westrup
G. Carlock. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 20 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Oct 20 -, 1931 that I last saw him alive on Oct 20 -, 1931, and that death occurred, on the date stated above, at 2.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of bladder

SIB
4 YR (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Metastases to lungs - (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Residence - Parkway & Webster
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopic exam
(Signed) H. A. Wheelock, M.D.
10/31, 1931 (Address) Webster Groves

*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 Crematory — DATE OF BURIAL: Oct 22 1931

20. UNDERTAKER: Parker and Webster Groves — ADDRESS

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.