

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

Do not use this space.

38709

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3136
 City St. Charles (No. 803, Clay St.) St. 1 Ward

File No. _____
 Registered No. 164

2. FULL NAME

Theodore Fiske
 (a) Residence, No. 803 Clay St. 1 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Fiske
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Matton, Missouri

MOTHER, FATHER 13. NAME Henry Fiske
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER, FATHER 15. MAIDEN NAME Elisa Freck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Alfred Fiske
 (ADDRESS) 714 Clay St. St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 11-15-31

19. UNDERTAKER (ADDRESS) Steinbinker Furn Co.
St. Charles, Mo.

20. FILED 1/12 19 31 St. Charles, Mo.
Blocher
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931 to Nov 11, 1931.
 I last saw him alive on Nov 11, 1931. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11/11/31
50 A
99 J 2 A
 Other contributory causes of importance:
General Arteriosclerosis 1920

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. Becking Cooney, M. D.
 (Address) St. Charles, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 26 1931

