

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

Do not use this space.

24613

1. PLACE OF DEATH

County.....
 Township.....
 City *St. Louis* (No. *Deaconess Hospital*)

Registration District No. *791*
 Primary Registration District No. *2003*

File No.....
 Registered No. *6752* St. _____ Ward)

2. FULL NAME

Adolph Aebischer
 (a) Residence, No. *1269 Amherst Pl. St.* _____ Ward. _____

(If nonresident, give city or town and State)

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 *Male* 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 *Jessie Aebischer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 31, 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Library Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *135*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland ?*

13. NAME *Conrad Aebischer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland ?*

15. MAIDEN NAME *Don't know.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know ?*

17. INFORMANT (ADDRESS) *Mrs. Jessie Aebischer 1269 Amherst Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cemetery* DATE *July 22, 1932*

19. UNDERTAKER (ADDRESS) *Geo. L. Pleitsek Inc. 5916 Easton Ave.*

20. FILED *July 23, 1932* *May C. Stuber* Registrar

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20, 1932*

22. I HEREBY CERTIFY that I attended deceased from *April 4th 1932* to *July 20, 1932*. I last saw him alive on *July 19, 1932*. Death is said to have occurred on the date stated above, at *1209 p.m.* The principal cause of death and related causes of importance were as follows:

Ascension Sigmoid Rectum etc - Mucous Intestine, Bladder
5-26-32
4-2-32
5-1-32
 Other contributory causes of importance: *Pylo Nephrosis, Myocarditis Chronic*

Name of operation *Caesarian* Date of *Nov. 30, 1931*
 What test confirmed diagnosis? *Testes* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury _____ 19____
 Where did injury occur? *no* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____

(Signed) *E. Schiller*, M. D.
 (Address) *945 No Bldg - Jeff City*

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.

State of Illinois
Department of State

FOIA applied to this document
in accordance with the provisions of
the Freedom of Information Act

U.S. - Every item of
information
is available

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No.) St. Ward

File No.
 Registered No. 6752

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

SEP 30 1932

New C. Parker
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

22. I HEREBY CERTIFY, That I attended deceased from , to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma sigmoid
Rectum involvement
metastases
Sigmoid, Primary seat of the
Carcinoma, edematous given
over phone by Dr. B. Schisler
Law. of U. S. 19-9-32

Name of operation 460 Date of
 What test confirmed diagnosis? 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?
 If so, specify

(Signed) , M. D.
 (Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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