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.

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

Do not use this space.

30404

File No. 8055

Registered No.

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 70003

City St. Louis (No. 1803 So Newstead St. Ward)

2. FULL NAME Laura C. Fischer

(a) Residence, No. 1803 So Newstead St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 48 53

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) Mo

FATHER

13. NAME Louis Jarvis

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

MOTHER

15. MAIDEN NAME Johanna Martin

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

17. INFORMANT Mrs G C Pehm
(ADDRESS) 1803 So Newstead Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Sept 6 1932

19. UNDERTAKER Aug Busch Sons Co
(ADDRESS) 4234 Manchester Ave

20. FILED SEP - 5 1932 1932 Alex J. Walsh Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/12/32, 1932 to 9/3/32, 1932

I last saw her alive on 9/2/32, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Carcinomatosis arising from Ca. of Uterus	1930
Carcinoma of Uterus primary seat	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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) Victor C. Gould, M. D.

(Address) 2807a Watson

Dr. [illegible]
[illegible] Waterman