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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No. 3005
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 28
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Christina Fissell
(a) Residence. No. Chesterfield, Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-8-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Albert Simson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine Armbruster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

14. INFORMANT Pauline Fissell
(Address) Chesterfield, Mo

15. FILED 1/3, 1933 P. C. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1st 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1932, to Jan 1st, 1933, that I last saw him alive on Jan 1st, 1933, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
5 days
1 1/2 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) [illegible], M. D.
, 19 (Address) Chesterfield Mo.

*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 SS Peter & Paul Cem — DATE OF BURIAL Jan-4 1933

20. UNDERTAKER Schrader Undt Co — ADDRESS Ballwin, Mo