

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

31306

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1013
 City ST. LOUIS, MO. (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

ED. F. FISCHER

(a) Residence, No. 4432 WASHINGTON BLDG. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work FIELD DIRECTOR OFFICE MANAGER PERSONAL SERVICES & MAIL COLLECTIONS
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer NATIONAL ALLIANCE CORP

9. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) N. Y.

10. NAME OF FATHER Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Baum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Charles Wolff
 (Address) 409 West end Ave N.Y.C. N.Y.

15. FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-25 1933

17.

HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to 9-25, 1933
 that last found alive on 9-24, 1933, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease
probably 4 years
at (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Cerebral Embolus
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS? Microsc(Signed) W. H. Riley, M. D.

10/21, 1933 (Address) 4660 D'Arny

*State the DISEASE CAUSING DEATH, or in deaths from injury state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

VALHALLA - ST. LOUIS CO., MO9/29 1933

20. UNDERTAKER

ADDRESS

LUFTON FUNERAL PARLOR
4449 OLIVE ST., ST. LOUIS, MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

NOV 20 1933

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, Carcinoma, Sarcoma*, etc., of _____ (name); "Cancer" is less definite; avoid use of "Tumour" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or tercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Do not report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Anition," "Marasmus," "Old age," "Shock," "Imia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage: "PUERPERAL septicemia," "PUERPERAL peritonitis" etc. State cause for which surgical operation undertaken. For VIOLENT DEATHS state MEAN INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of American Medical Association.)

NOTE.—Individual offices may add to above list of undecidable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will warrant vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

DR. WM. H. RILEY
HILL BUILDING
4660 MARYLAND AVE.
ST. LOUIS, MO.

November 2, 1933.

APPENDIX TO STATEMENT TWO (2)

SUBHEAD 9 A and B

From the history given me by Mr. Fischer none of the symptoms relative to his heart condition dated back further than a few weeks, hence I could not say that Mr. Fischer knew that he had heart trouble previous to that time, however, it is generally known among doctors that he must have had a chronic valvular heart disease for several years. Whether the cause of sudden death was due to a cerebral embolus or to coronary sclerosis associated with angina pectoris can not be definitely determined without postmortem, however, I felt at the time that it was due to a cerebral embolus.

*Respectfully,
W. H. Riley*

WHR:LM

STATE OF MISSOURI)SS
CITY OF ST LOUIS)

SUBSCRIBED AND SWORN TO BE Dr. W. H. Riley, this the
3rd day of November, 1933. in my office in St Louis, Mo.

My Commission expires Feb 1, 1934.

George J. [Signature]
Notary Public.