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.

JAN 3 1934

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

Do not use this space.

37934

File No. 9558

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4308 Eichelberger St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Fred Fischer

(a) Residence, No. 4308 Eichelberger St., 15 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)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th. 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	11	10	

OCCUPATION

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

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) Illinois

FATHER

13. NAME Jacob Fischer

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

MOTHER

15. MAIDEN NAME Julia Wessel

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

17. INFORMANT (ADDRESS) Lester Fischer 4308 Eichelberger

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset-Burial DATE Nov. 7th. 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec Street

20. FILED NOV -6 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1933, to Nov 4, 1933.

I last saw him alive on Oct 3 1933. Death is said to have occurred on the date stated above, at 12/35 am

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

	Date of onset
Double Lobar pneumonia	11/2/33
Other contributory causes of importance: Cancer of pancreas	?

Name of operation None Date of

What test confirmed diagnosis? X-Ray 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?

If so, specify

(Signed) W B Wagenbach, M. D.

(Address) 4738 Bravois Av.

Ll. [illegible]
4738½ Gravois Res. 2585
9-10-3-11-7-8