

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

Do not use this space.  
34196

OCT 11 1934

1. PLACE OF DEATH ~~St. Louis~~ *Carter Ave.*  
County *St. Louis* Registration District No. **791**  
Township *St. Louis* Primary Registration District No. **1003**  
City *St. Louis* (No. *4644*) *Carter Ave* File No. *8982*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Conrad J. Fischer*  
(a) Residence, No. *4644 Carter Ave.* St. *10* 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 *Male*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 1st - 1878*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*56 yrs. 10 8*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Engelbert's Church*  
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) *St. Louis Mo.*

FATHER 13. NAME *Frank Fischer*

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

MOTHER 15. MAIDEN NAME *Catherine Ebeureck*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *Mrs. C. Fischer 4644 Carter Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *Sept 11* 19*34*

19. UNDERTAKER (ADDRESS) *Brunschwig's Lnd. Co. 4740 W. Florissant Ave.*

20. FILED *P 100* 19*34* Registrar *J. Brebeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/7/34* .19*34*  
22. HEREBY CERTIFY, That I attended deceased from *Aug 12* 19*30* to *Sept 7* 19*34*  
I last saw *him* alive on *Sept 7* 19*34* Death is said to have occurred on the date stated above, at *11 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Asplenia*  
*Chronic Myocarditis*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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) *Nathan Bilgky* M. D.  
(Address) *4743 W. Florissant St. St. Louis Mo.*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

