

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.

OCT 11 1934

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis (No. 2116)

Registration District No. 791  
Primary Registration District No. 1003

File No. 34333  
Registered No. 9126  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. 23 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) Oct 21 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Unknown)  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
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) Germany

MOTHER 13. NAME Unknown Fischer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ollie Fischer  
(ADDRESS) 3901 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL Protestant Ill DATE Sept 14 1934

19. UNDERTAKER J. M. Robert  
(ADDRESS) 14935 Grand Blvd

20. FILED 100 19 1934  
J. Friedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 34 to Sept 13 - 34  
I last saw him alive on Sept 12 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

137  
Myocarditis  
Arterio-sclerosis  
Other contributory causes of importance:  
Myocarditis  
Arterio-sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis Physic 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 Physic (Signed) J. M. Robert M. D.  
(Address) 3901 Cleveland Ave

