

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.

1 JUL 27 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20965

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
 Township Central Primary Registration District No. 6033 Registered No. 195
 City Clayton (No. St. Louis County Hospital St. _____ Ward _____)

2. FULL NAME

Henry Fischer

(a) Residence, No. 2768 Oakland Ave. St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 52

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. L. B. Leisner
(ADDRESS) Carver

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 8/20/35 19.

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) 6033 Clayton Road

20. FILED Yes 1935 G. J. Legione
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:45 PM

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

Sanguinous anemia, old Chr. gastric ulcer, carcinoma of stomach with metastasis.

Other contributory causes of importance:

Resulting toxemia with emaciation and gastric hemorrhage due to rupture of the ulcerated area

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 _____ 8/21/35
 (Signed) L. B. Leisner, M. D.

(Address) 3718 Jennings, St. Louis, Mo.
Robert J. Ambruster

