

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

Do not use this space.

MAY 25 1936

16416

1. PLACE OF DEATH

County Pike
Township Buffalo
City Louisiana

Registration District No. 689

Primary Registration District No. 30-39 B

File No.

Registered No.

St. Pike Co Hospital Ward

2. FULL NAME

Fredricka Aebischer
(a) Residence, No. Near Bowling Green Mo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7-1857

7. AGE YEARS 78 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Fred Beermann

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

15. MAIDEN NAME not known

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

17. INFORMANT George Aebischer (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pisgah DATE April 17 36

19. UNDERTAKER W. B. E. Moore (ADDRESS) Bowling Green Mo

20. FILED 4/14 1936 J. C. Harty Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11th 1936 to April 15th 1936. I last saw h. er alive on April 15th 1936. Death is said to have occurred on the date stated above, at 7:05 P. M.

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

Coronary thrombosis
946

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Physical findings 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) James B. Biggs M. D.
(Address) Bowling Green Mo

