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.

JUN 6 1936

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

Do not use this space.

791

21327

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 5538

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. City Hosp. St. ..... Ward)

B 2304

2. FULL NAME Mae Fischer

(a) Residence, No. 6244 Quida St., Ward 7 (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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1889

7. AGE YEARS 47 MONTHS 0 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

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 Fred Wessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Laura Menard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Hosp. Int. M. Keith City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE May 28, 1936

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand Blvd.

20. FILED MAY 26 1936, 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/36

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936 to 5/26/36, 19..

I last saw her alive on 5/26, 1936. Death is said to have occurred on the date stated above, at 1:55 a.m.

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

| | Date of onset |
|---|---|
| Malignant Hypertension | |
| Rheumatic Heart Disease | |

Other contributory causes of importance: 34

Hypertension

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) [illegible], M. D.

(Address) City Hosp.