

AUG 18 1936

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

21335-d  
Do not use this space.

#5409

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *Werner Desloge Hospital* *Werner Desloge Hosp* Registered No. **8111** Ward.....

2. FULL NAME

*Beatrice Fischer*  
(a) Residence, No. *3665 Sherradoak 17* Ward..... (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23 - 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, *9* hrs. or *90* min.  
*Premature infant - about 6 1/2 mos.*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) *Mo.*

FATHER 13. NAME *Ludwig Fischer*

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

MOTHER 15. MAIDEN NAME *Jennie Montgomery*

16. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY)

17. INFORMANT *Werner Desloge Hospital* (ADDRESS) *1325 South Grand*

18. BURIAL, CREMATION, OR REMOVAL *Funeral Home* (ADDRESS) *Analognal Road 5-23*

19. UNDERTAKER *Werner Desloge Hospital* (ADDRESS) *Analognal Road*

20. FILED *1131-26* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23* 19*36*

I HEREBY CERTIFY, That I attended deceased from *Birth*....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *12:00 A.M.*

The principal cause of death and related causes of importance were as follows:  
*Crematurity* Date of onset

Other contributory causes of importance: *157*

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) *P. Berg* M. D.

(Address) *2253 Nebraska*

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.

