

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

Do not use this space.

1. PLACE OF DEATH

SEP 15 1936

791

32358

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo (No. 4134 WESTMINSTER PLACE St. Ward)

File No.....

Registered No.....

2. FULL NAME

Alwina FISCHER

(a) Residence, No.....

St.....

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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

White

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

WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John J. FISCHER

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

DEC 29 - 1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

75

7

4

OCCUPATION

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) (STATE OR COUNTRY)

St. Louis Mo

MOTHER FATHER

13. NAME

William Jansen

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

GERMANY

15. MAIDEN NAME

UNKNOWN

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

UNKNOWN

17. INFORMANT

(ADDRESS)

E. J. Fischer
4134 Westminster

18. BURIAL, CREMATION, OR REMOVAL

PLAC. S. S. PEVER & PAUL DATE 8-5 1936

19. UNDERTAKER

(ADDRESS)

ARTHUR J. DONNELLY
3840 Linden Blvd

20. FILED

AUG 4 1936

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 11 1936, to Aug 3 1936

I last saw alive on Aug 2 1936. Death is said

to have occurred on the date stated above, at 3:15 a. m.

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

Myocardial Stenosis
Hypertension
Heart Exhaustion

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)..... M. D.

(Address) 1446 Calhoun

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.

1446 So Grand

Side of M