OCT 5 1936

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

Do not use this space.

35932

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 2215 Bremen Av. St. ..... Ward)

File No. ..... Registered No. 9554

2. FULL NAME ALEXANDER. A. FISCHER.

(a) Residence, No. 8479 Kempland Ave. Ward. U. City
(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. 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): WIDOW.

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(or) WIFE OF~~ FRANCES FISCHER.

6. DATE OF DATH (MONTH, DAY, AND YEAR) MAY 14-1862

7. AGE: YEARS 74 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) MISSOURI

FATHER

13. NAME AUGUST. FISCHER.

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

MOTHER

15. MAIDEN NAME MARIE HEINING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON, MO.

17. INFORMANT (ADDRESS) ROLAND FISCHER 5341A DEVENSHIRE AV.

18. BURIAL, ~~CREMATION~~, OR REMOVAL PLACE WASHINGTON, MO. DATE SEPT. 19 1936

19. UNDERTAKER (ADDRESS) E. J. Schmitz, 312 S. Lafayette Av.

20. FILED SEP 18 1936 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 - 1935, to Sept. 16 1936

I last saw him alive on Sept. 15 - 1936. Death is said to have occurred on the date stated above, at 9 A. m.

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

	Date of onset
Bronchial Pneumonia	9-12-36

Other contributory causes of importance:

Chronic Myo-Carditis	1 yr.
Chronic Nephritis	1 yr.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 ✓

Nature of injury ✓

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

If so, specify .....

(Signed) Roy A. Walther, M. D.

(Address) 7243 8 Woodson Rd. Overland Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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