

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.

JAN 10 1937

JAN 7 1937

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

Do not use this space.

46858

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo.

(No. 2338 Dodier St.

File No.

12680

Registered No.

St. Ward)

2. FULL NAME Lisette Wissman Fischer

(a) Residence, No. 2338 Dodier/Mye St. St. 20 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. 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 (Date) Anton Fischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 6 9

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

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

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.

13. NAME Christian Klein

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

15. MAIDEN NAME ?? Morjen au

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

17. INFORMANT Oliver Fischer (ADDRESS) 30 Parkland, Glendale.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cemetery DATE Dec. 26, 1936

19. UNDERTAKER Leidner Undertaking Co. (ADDRESS) 2223 St. Louis Ave.

20. FILED DEC 26 1936 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1936, to Dec 24 1936

I last saw her alive on Dec 24 1936 Death is said to have occurred on the date stated above, at 8:45 AM.

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

Wound
Ch. hip
Fractured rt. hip 11/3/36
at home fell in yard

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 3 1936

Where did injury occur? St. Louis Mo. (Specify whether injury occurred in industry, in home, or in public place.)

Manner of injury Fall
Nature of injury Fracture right Hip

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur S. Suddock, M. D.
(Address) 2202 Huront St.

