FEB 16 1937

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

Do not use this space.

700

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. St. Mary's Hosp. St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 55

2. FULL NAME: Mrs. Justine H. 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. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-6-1876

7. AGE: Years 60 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: Henry Stradkoetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT: Edmond Fischer
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Resurrection Cem. DATE: Jan-28- 1937

19. UNDERTAKER: Thomas J. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED: 1/29/37 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1936 to Jan 25, 1937
I last saw her alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain, Two compound fractures and fracture of pelvis and ribs & other complications due from automobile accident	

Other contributory causes of importance:

Name of operation: 2 open reductions Date of
What test confirmed diagnosis? 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 Nov 22, 1936
Where did injury occur? Jefferson City, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On street
Manner of injury: Hit by automobile
Nature of injury: as stated above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) [signature], M. D.
(Address) Jefferson City, 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.

WHITE LEAD WITH OWADING INK—THIS IS A PERMANENT RECORD