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

Do not use this space.

FEB 8 1937 791

File No. 4041

Registered No. 1084

1. PLACE OF DEATH

County .....

Registration District No. .....

Township .....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 4360, Taft St. ..... Ward)

2. FULL NAME Mrs. Theresa Fischer

(a) Residence, No. 4360 Taft Avenue, St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6th, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	2	15	

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. 232

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) Germany

FATHER

13. NAME Mathias Koessel

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

MOTHER

15. MAIDEN NAME Maria Unknown

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

17. INFORMANT Miss Clara Fischer
(ADDRESS) 4360 Taft Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cemetery 1/25/37, 19

19. UNDERTAKER Beiderwieden Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED JAN 25 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1937 to Jan 21, 1937

I last saw h. alive on Jan 19, 1936. Death is said to have occurred on the date stated above, at 11:50 P.M.

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

	Date of onset
Cerebral Hemorrhage	[redacted]
C.N.A.	2 days
	12
Other contributory causes of importance: Arterio Sclerosis	4 yrs

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) Wilson A. Shelling M. D.

(Address) 472 Chouteau Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONAL and MEDICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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7-8:30