MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7988

Township ..... Primary Registration District No. 1003 Registered No. 1413

City St. Louis, Mo. (No. 4562 Newberry Terrace. St. ..... Ward)

2. FULL NAME Marie Fischer.

(a) Residence, No. 4562 Newberry Terrace. St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow e d .

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11th, 1848.

7. AGE: YEARS 88. MONTHS 6; 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.

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): Horn, Germany.

FATHER

13. NAME: Fritz Arcularius.

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

MOTHER

15. MAIDEN NAME: Antionette Lender,

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

17. INFORMANT (ADDRESS): Paula Fischer. 4562 Newberry Terrace.

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peters , Cem . DATE: Feb'y 1st, 1937.

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive Street.

20. FILED FEB 1 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan - 30 - 1937.

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Jan - 30, 1937

I last saw her alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 3 45 pm.

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

	Date of onset
Broncho pneumonia	Dec - 28 - 36

Other contributory causes of importance:

Chr. Myocarditis

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? no

If so, specify .....

(Signed) Maurice A. Frankenthal, M. D.

(Address) 4500 Olive St -

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

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.

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