

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County 1
Township
City (No. 7724 Alabama)

Registration District No. 791
Primary Registration District No. 1003

File No. 25933
Registered No. 7111
St. _____ Ward _____

2. FULL NAME MARY, L. A. FISCHER

(a) Residence, No. 7724 ALABAMA St. 1 Ward _____

(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 HUSBAND OF (OR) WIFE OF JOHN FISCHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 18. 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 80 11 6

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. 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 ALBERT SEIZ

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT CAROLINE FISCHER (ADDRESS) 7724 ALABAMA

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUNT HOPE CEM DATE JULY 27 1937

19. UNDERTAKER JOS. P. FENDLER JR. (ADDRESS) 7123 MICHIGAN AVE.

20. FILED 1937 7/27 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937, to July 24 1937.

I last saw her alive on July 24 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Chronic myocarditis Date of onset 1930
Chronic nephritis
Hypertension

Other contributory causes of importance:

Hepatomegaly
(possibly Ca)

Name of operation

What test confirmed diagnosis? clinical Date of

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

Where did injury occur?

Manner of injury

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

If so, specify George A. O'Sullivan M. D.
(Signed) 421 Lehigh
(Address)

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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