

NOV 15 1937

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

36321-  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **21003**  
(c) City **St. Louis.** (d) Street No. **4749 Dahlia Ave.** St. **1003**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **9898**

2. PRINT FULL NAME **Mathew Fischer**

(a) Residence, No. **4749 Dahlia Ave.** St. **2**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Pauline Fischer**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 25, 1862.**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**75 8 29**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Baker**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 3 yrs.**  
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 **Dont Know.**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

MOTHER 15. MAIDEN NAME **Dont Know.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **Pauline Fischer**  
(ADDRESS) **4749 Dahlia Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
New SS. Peter & Paul DATE **Oct. 27, 1937**

19. FUNERAL DIRECTOR **J. N. Gebken, Lx & Co.**  
(ADDRESS) **2842 Meramec St.**

20. FILED **OCT 25 1937** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from **October 6, 1937** to **October 24, 1937**  
I last saw him alive on **October 24, 1937** Death is said to have occurred on the date stated above, at **4:45 A.M.**

The principal cause of death and related causes of impotence were as follows:  
**Cornary Embolism** Date of onset **10/24/37**

Other contributory causes of importance:  
**Chronic Alcoholic Intoxication**  
**Chronic Bronchitis** 1934

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Chloroform** (Was there an autopsy?) **no**

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 **Chloroform**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify .....  
(Signed) **J. Bredeck**, M. D.  
(Address) **2707 Bureau**

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**