NOV 23

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

Do not use this space.

38747

1. PLACE OF DEATH
County St Louis Co
Township Bonhomme
City Kirkwood
Registration District No. 785
Primary Registration District No. 6031
File No.
Registered No. 145
(No. , St. Ward)

2. FULL NAME Peter Fisher
(a) Residence, No. Kirkwood Mo RR12 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 Male
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 Augusta Fischer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1857
7. AGE YEARS 80 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1920
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Adam Fischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Bertha Fischer
18. BURIAL, CREMATION, OR REMOVAL
PLACE Deloto Mo DATE Oct. 22 1937
19. UNDERTAKER (ADDRESS) Donnell B. Dietrich Deloto Mo
20. FILED 10-21 1937 Agnes C Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16th. 1937, to Oct. 20 1937
I last saw him alive on Oct. 16th 1937 Death is said to have occurred on the date stated above, at 2A. m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset Dontkno

Other contributory causes of importance:
Age

Name of operation no Clinical 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? no 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 no
(Signed) W. C. Dalton, M. D.
(Address) Fenton 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.