

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County St. Louis Registration District No. **791**
 Township St. Vincent Primary Registration District No. **1003**
 City St. Louis Mo. (No. 2807) St. Vincent Registered No. **4963**
 St. Ward (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 2807 St. Vincent St. Ward 23
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

5. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 1937</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>8</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>		11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellville Missouri</u>		
13. NAME <u>Eugene Fischer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellville Missouri</u>		
15. MAIDEN NAME <u>Dorcas Hermann</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeburg Illinois</u>		
17. INFORMANT (ADDRESS) <u>Eugene W. Fischer 2807 St. Vincent</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freeburg</u> DATE <u>Feb 10th 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home 23rd St. Bellville Ill</u>		
20. FEB 15 1938 19 <u>J. P. Predegar</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1937, to 2-8, 1938
 I last saw h/M alive on 2-9, 1938 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:
① Injury cerebral occurring before or during birth
② Pneumonia, lipid
 Date of onset 1-30-38

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Phys findings 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

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. S. Lange, M. D.
 (Address) 7 N. High Bellville

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.

Tom Huntford