

NOV 23 1938 DEC 8 1938

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

40421
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carrondelet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Vet Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred Unkn. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter FISCHER

(a) Residence, No. 4952 Sunshine Drive, Saint Louis, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mrs. Johanna Fischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Peter Fischer
 14. BIRTHPLACE (CITY OR TOWN) Saint Louis,
 (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Mary Westermeyer,
 16. BIRTHPLACE (CITY OR TOWN) Saint Louis,
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Clinical John W. Jefferson
 (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEMETERY DATE 11/26/38

19. FUNERAL DIRECTOR K. R. ARGER-VOSS-FIX,
 (ADDRESS) 3402 N. Kings Highway

20. FILED NOV 23 1938 TR Meyer
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1938, to November 22, 1938

I last saw him alive on November 22, 1938. Death is said to have occurred on the date stated above, at 2:55A.

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

Nephritis, chronic, without edema; with nitrogen retention.

Date of onset
Unkn.

Other contributory causes of importance:
Arteriosclerosis, severe, with myocardial and coronary involvement.

Name of operation None Date of Phy. clinical manif. and laboratory
 What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) W. L. FLECK, Act. Chief Med. Off. M. D.
 (Address) VAE Jefferson Barracks, 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Gray W. Wilkinson

Licensed Embalmer No. _____

3575

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.)