

MOSS MAR 13 1939

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

4813
Do not use this space.

1. PLACE OF DEATH

(a) County _____
(b) Township _____
(c) City St. Louis
(e) Length of residence in city or town where death occurred 35 yrs. mos. da.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 3646 Alberta St.

Registered No. 1506

(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth 36 yrs. mos. da.

2. PRINT FULL NAME Henry A. Fischer

(a) Residence, No. 3646 Alberta Str St. 15
(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 married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Jandrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27th. 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Moulder
9. Industry or business in which work was done, as saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Henry A. Fischer 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Johanna Joerus

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

17. INFORMANT Anna Fischer (wife)
(ADDRESS) 3646 Alberta

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunsett Burial Pl. Feb. 16th '39

19. FUNERAL DIRECTOR (NAME) Henry L. Weidmueller
(ADDRESS) 6203 Gravois Ave.

20. FILED FEB 16 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9-39, 1939, to 2-14, 1939

I last saw him alive on 2-14, 1939. Death is said to have occurred on the date stated above, at 720A m.
The principal cause of death and related causes of importance were as follows:

apoplexia
Chronic Myocarditis
Chronic Nephritis
Date of onset 2-14-39

Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) Bernard Pluch, M. D.
(Address) 3527 Ridge, H. Ind., Ind.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.