

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

16844  
Do not use this space.

1. PLACE OF DEATH **250 JUN 12 1939**

(a) County **2** Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. **4378**  
 (c) City **St. Louis mo.** (d) Street No. \_\_\_\_\_ **BARNES HOSPITAL** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **260 FISCHER LOUIS MR.**

(a) Residence, No. **4109 N. GREENLEW AVE** St. **NR CHICAGO ILL**  
 (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**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MABEL FISCHER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 4, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**48 11 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **FACTORY FOREMAN**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **SANFORD INK CO.**  
 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) **CHICAGO ILLINOIS**

FATHER 13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **MRS. LOUIS FISCHER**  
 (ADDRESS) **CHICAGO, ILLS.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CHICAGO, ILLS.** DATE **MAY 11<sup>TH</sup> 1939**

19. FUNERAL DIRECTOR (NAME) **WAGONER UND. CO.**  
 (ADDRESS) **3621 OLIVE ST.**

20. FILED **MAY 11 1939** **J.D. Brubaker** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10<sup>th</sup> 1939**

22. I HEREBY CERTIFY, That I attended deceased from **4-23**, 19**39**, to **5-10**, 19**39**.  
 I last saw him alive on **5-10**, 19**39**. 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:  
**Brain abscess caused by Empyema**  
 Date of onset **110**

Other contributory causes of importance:  
**Bronchitis left lung**

Name of operation **Left Pneumonectomy** Date of **4-27-39**  
 What test confirmed diagnosis? **X Rays** 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) **L. J. Kennedy**, M. D.  
 (Address) **BARNES HOSPITAL**

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 *Melvin L Kemper*

Licensed Embalmer No. *4052*

P. O. Address *3621 Olive St*

**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.**