

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34236
Registrar's No. 8774

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 55 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 555 Melville
(If rural, give location)
(e) If foreign born, how long in U. S. A. 58 years.

3. (a) PRINT FULL NAME Anna Fischer 260
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowe
6. (b) Name of husband or wife Samuel Fischer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 70 hr. min.

9. Birthplace Galicia Austria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Garshon Schwartz
13. Birthplace Galicia Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name (unk)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature 1 Nat. W. H. Fischerberg
(b) Address 6315 Delmar

17. (a) burial (b) Date thereof 10/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) OCT 15 1939 (b) _____
(Date registered local registrar) (City or town)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 14
year 1939 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Sept 24, 1939, to Oct 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary artery thrombosis Duration 9/23/39

Due to general and cerebral arterio-sclerosis
Due to _____

Other conditions fracture upper left humerus 9/24/39
(Include pregnancy within 3 months of death)
in fall at Jewish Hosp

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9/24/39
(c) Where did injury occur? St. Louis mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)
(e) Means of injury Fall

23. Signature Jerome O. Cook (M. D. or other) MD
Address 508 N. Grand Bl Date signed 9/14/39

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.

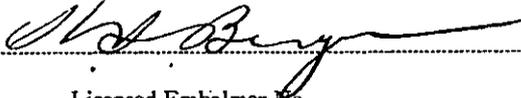
STATEMENT BY LICENSED EMBALMER

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

H. I. Berger

....., Registered Apprentice No.

working under my personal supervision.

Signed..... 

Licensed Embalmer No.

P. O. Address..... 1597

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.