DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8131

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 442

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community 3 month. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Linhurst Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2836 Lindhurst Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 years.

3. (a) PRINT FULL NAME ELIZABETH FISCHER 7.60

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Fischer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 31 (Day) — 1856 (Year)

8. AGE: Years 83 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alphonso Fisher

(b) Address 2836 Lindhurst Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Baumann Bros

(b) Address 250 X Woodson Rd Overland Mo

19. (a) MAR 2 - 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 18th, 1939, to Feb 29, 1940, that I last saw her alive on Feb 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to 93C

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M[redacted])

Address Manchester Mo Date signed 3/2/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.