

Registration District No. 799

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mae C. Fiss

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward F. Fiss 6. (c) Age of husband or wife If alive 54 years

7. Birth date of deceased Sept. 12 1888
 (Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Buckhardt

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herbert J. Fiss

(b) Address 2819 Colonial Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director DreBmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 9 1940 (b) J. F. Beck
 (Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2502 Marcus Ave.
 (If rural, give location)
 (e) If foreign born, how long in Missouri _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8
 year 1940 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Arterio Sclerosis
 Due to _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) gza

Major findings: Of operations _____
 Of autopsy _____
 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?

While at work? (Specify type of place) _____
 (a) Cause of injury _____
 23. Signature Alfred Perry (M. D. or other)
 Address Republic Square Date signed 3-9-40

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

Nov. 5-17-39
 Form 1-1939

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..... *Warren A. Carver*
Licensed Embalmer No..... *3534*
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.