

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17088

State File No. _____
Registrar's No. **4566**

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
4249 Junata Ave. 2
(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

8. (a) PRINT FULL NAME Hilbert M. Fischer 260
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Julia Fischer
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Nov. 21 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	6	2	hr. _____ min.

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

10. Usual occupation Interior Decorator

11. Industry or business Retired 2 yrs.

MOTHER FATHER { 12. Name Matthew Fischer 6
 13. Birthplace _____
(City, town, or county) (State or foreign country) Germany
 14. Maiden name Bertha Sauer
 15. Birthplace _____
(City, town, or county) (State or foreign country) Germany

16. (a) Informant Julia Fischer
 (b) Address 4249 Junata Ave.

17. (a) Cremation (b) Date thereof 5-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation No Cremation

18. (a) Signature of funeral director Kriegshäuser Mortuaries
 (b) Address 4228 S. Kingshighway

19. (a) MAY 23 1940 (b) J. B. Bader
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis 16
(If outside city or town limit, write "RURAL")
 (d) Street No. 4249 Junata
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
 year 1940 hour 12:05 minute AM M.

21. I hereby certify that I attended the deceased from 1-15 1940 to May 23 1940,
 that I last saw him alive on April 29 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1-15-40
 Duration _____

Due to Hypertension 2 1/2 180 ?

Due to _____

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

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) No
 (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) (e) Means of injury _____

23. Signature W. H. Murray (M. D. or other) _____
 Address 4755 Mullanbach Date signed _____

Dr. Burroughs

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 *Edwin J. McDevine*

Licensed Embalmer No. *3024*

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.