

7-30
K23159

Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4542 Natural Bridge Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether—)

In this community Birth
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **10**
(If outside city or town limits, write "RURAL")

(d) Street No. 4542 Natural Bridge Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Ischer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 21, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>4</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER {

12. Name Henry Ischer

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

14. Maiden name Rosine Rockabrandt

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

16. (a) Informant Mrs Nellie Ischer

(b) Address 3212a Dodier St.

17. (a) Burial (b) Date thereof 11/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 14 1940 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11,
year 1940 hour 8:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 13
1938 to Nov 11 1940

that I last saw her alive on Nov 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Mitral Regurgitation

Due to _____

Due to _____

Other conditions none
(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) _____

(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)

Means of injury _____

23. Signature Harold Bilyeu M.D. (M. D. or other) _____

Address 2739 7th Ave Date signed 11/14/40

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.....

Licensed Embalmer No.....

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, fact should be so stated above.