No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37261

State File No. 9534

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

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: 2159m East College Ave (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2159 East College Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Adam Fischer

3. (b) If veteran, name war NONE

3. (c) Social Security No. 495-16-8845

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Heling Fischer

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 8th (Day) 1873 (Year)

8. AGE: Years 67 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

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

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

16. (a) Informant Mrs. Anna Fischer

(b) Address 2159 East College Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 20 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th year 1940 hour 2 minute 15am M.

21. I hereby certify that I attended the deceased from Nov 4, 1940 to Nov 20, 1940 that I last saw him alive on Nov 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage left

Due to Hypertension

Due to

Other conditions Hypostatic pneumonia (Include pregnancy within 3 months of death) Unspecified

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 H. E. Morris (M. D. or other) MD

Address 4605 W Florissant Date signed 11-20-40

(Licensed Embalmer's Statement on Reverse Side)

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 F. H. Shoots

Licensed Embalmer No. 226 J.

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.