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JAN 15 1941 7917

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 10049

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours
(Specify whether
In this community Unknown
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. 614 Withers Ave
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1940 hour 11:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from Dec 2nd
_____ 1940, to Dec 3rd 1940
that I last saw her alive on Dec 3rd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Calculation of River

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

Major findings: _____
Of operations: _____
Of autopsy: Caused Liver

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Dr. W. G. Harris (M. D. or _____)
Address 3225 W. Beaudry Date signed 12/7/40

3. (a) PRINT FULL NAME Margaret K. Fischer

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 Married

6. (b) Name of husband or wife Gustav Fischer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 30, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Black Jack, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Fred Wiegand

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

14. Maiden name UNKNOWN

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

16. (a) Informant Gustav Fischer

(b) Address 614 Withers Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack, Mo.

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

(b) Address 2161 East Fair Ave

19. (a) UEC 1940 (Date received local registrar) (b) J. F. Bredean (Registrar's signature)

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

MOTHER FATHER

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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, fact should be so stated above.