

No: 2
-13-40
17-39
X23159

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 6324 A N Broadway.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 Years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME HELEN FISCHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct 30 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Theodore Kennebeck

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

14. Maiden name Johanna Derhacker

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

16. (a) Informant Johanna Unnerstall

(b) Address 6324 A N Broadway

17. (a) Burial (b) Date thereof Jan 7th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Phos Fisher & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 6 1941 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 917

(d) Street No. 6324 A N Broadway
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 71 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1941 hour 3 50 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/2/40
1940 to 1/4/41 1941
that I last saw her alive on 1/4/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobes pneumonia
Duration 7 days

Due to Admitted caused by
Sanitation of 15 years duration

Due to _____
Other conditions 61
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 5

23. Signature [Signature] (M. D. or other) _____
Address 4901 [Address] Date signed _____

Dr. Byrd
4901 S. Broadway
11-12 A.M.

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.....

..... Leo Budde, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3989

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.