No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 164
Registrar's No. 154

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: 5587 Lindell Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 1217
(d) Street No. 5587 Lindell Blvd. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary C. Fischer.
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow. 2
6. (b) Name of husband or wife Otto Fred Fischer.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 2, (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	4	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name Michael Kernan.
13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)
14. Maiden name Elizabeth Philabert.
15. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Fred F. Fischer.
(b) Address 5587 Lindell Blvd.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemter
18. (a) Signature of funeral director Arthur J. Dormelly
(b) Address 3840 Lindell Blvd.
19. (a) JAN 8 1941 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day ~~6th~~ 7 year 1941 hour 4:05 minute A. M.
21. I hereby certify that I attended the deceased from Jan 18th 1940, 19..., to Jan 7th, 1941, that I last saw her alive on Jan 6th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
T3/pm 15	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy No

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 Robert Wilson (M. D. or other)
Address 990 Arcade Bldg. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr P. E. Watson
Brandy Bldg
Mar 16 5 8 12 ed

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.