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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12623

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3053

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: De Paul 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether In this community 63 yrs. 2 mos. 3 das years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 20 9

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

(d) Street No. 2208 Sullivan Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Cecelia Fister

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Clem B. Fister

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 2, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	2	3	hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Herman Knoll 4
13. Birthplace unknown Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Verhorst
15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Herman Fister

(b) Address 2208 Sullivan Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) APR -7 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1941 hour 2 minute 50 A M.

21. I hereby certify that I attended the deceased from 2-12 41, 19__, to 4-5, 1941 that I last saw her alive on 4-4-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration: Dont know

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 0

23. Signature Walter H. Spoleman (M. D. or other)

Address 1506 St Louis Date signed 4-7-41

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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

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