

FILED FEB 24 1942 91

State File No. _____
 Registrar's No. 238

Registration District No. _____ Primary Registration District No. _____

I. 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 12 days
 (Specify whether _____)
 In this community _____ 48 years
 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. 1411 Farrar St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 48 years years.

8. (a) PRINT FULL NAME Barbara Fischell

3. (b) If veteran, name war _____ (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 Stephen Fischell 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 15 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation House-wife

11. Industry or business _____

12. Name William Kohl

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

14. Maiden name Barbara Spahl

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

16. (a) Informant Stephen Fischell

(b) Address 1411 Farrar St.

17. (a) Burial (b) Date thereof 1 12 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand

19. (a) JAN 9 1942 (b) J. F. Beddeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Jan 8 1942
 that I last saw her alive on Jan 8 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Liver.
 Due to _____

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

Major findings: [Signature]
 Of operations _____
 Of autopsy _____

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 [Signature] (M. D. or other) MD
 Address 4356 Marine Date signed 1/9/42

Duration

6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. M^c L. L. L. L. L.
4356 W. W. W.
Ph. 2550

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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, above space should be left blank.