

Registration District No. 791

Primary Registration District No. 1003

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: Enroute to St Paul Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 736 Hawth Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1942 hour 7:30 minute P M.
21. I hereby certify that I attended the deceased from _____
1942 _____ 1942

that I last saw her alive on March 5, 1942 _____ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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 Paul Demstaff (M. D. or other) _____
Address 3919 W. Kansas Date signed _____

3. (a) PRINT FULL NAME MARY FISCHER
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 widowed
6. (b) Name of husband or wife late Louis Fischer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 25th 1875
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Unknown Subl

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

14. Maiden name Unknown

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

16. (a) Informant John Fischer

(b) Address 736 Hawth Ave

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gene St. Peter + Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) _____ (b) J. F. Bredebeck
(Date received local registrar's) (Registrar's signature)

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

MOTHER FATHER

1-28
Mr. Bernatt
3919 W. Flannery

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.....
.....
Licensed Embalmer No. 3024
P. O. Address.....

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.