S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25832

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6985

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:
4552a Adalaide Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 86 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 917

(c) City or town St Louis Ave 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4552a Adalaide Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --------- 0

3. (a) PRINT FULL NAME Catherine Fischer

3. (b) If veteran, name war --------

3. (c) Social Security No. -------

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Jacobe Fischer

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

7. Birth date of deceased 5 (Month) 28 (Day) 1856 (Year)

8. AGE: Years 86 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ----------

FATHER
12. Name John Falter
13. Birthplace Germany (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Eva Jacobe
15. Birthplace Germany (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John J Fischer
(b) Address 4552a Adalaide Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 20 (Day) 42 (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodhart + Goodhart
(b) Address 2228 St Louis Ave

19. (a) AUG 19 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1942 hour 12.01 minute A.M.

21. I hereby certify that I attended the deceased from July 1-42, 1942 to Aug 18, 1942
that I last saw him alive on Aug 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 yr.

Due to Arthrosclerosis 5 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) 43

Major findings:
Of operations 42
Of autopsy 18

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M. D. or other
Address 4114 W Florissant Date signed 8/18/42

(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 B. W. Finn

Licensed Embalmer No. 1591

P. O. Address 4106 Botanical

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.