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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7423

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 28

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 546 Clay St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherine C. Fischbach

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Jacob Fischbach

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July (Month) 20 (Day) 1869 (Year)

8. AGE: Years 73 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Katherine Huber
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. John Fischbach

(b) Address 546 Clay St., St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 2-10-43 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-16, 1943, to 2/8, 1943
that I last saw her alive on 2/8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Gall Bladder c̄ metastasis to liver, rt pleura, diaphragm, regional nodes	??
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Essential hypertension	?
Chronic Pancreatitis	?

Major findings:
Of operations

Of autopsy as above, rt. pleural effusion & ascites

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 R. O. Hayden MD (M.D. or other)

Address St. Charles, Mo. Date signed 2/9-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1945

MAY 25 1944

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 John E Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo

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.