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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7658

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:
DePaul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 49 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Fischl

3. (b) If veteran, name war none

3. (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 Joseph

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

7. Birth date of deceased: Sept. 17 1876
(Month) (Day) (Year)

8. AGE: Years 20 Months 66 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mathias Hoffman

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

14. Maiden name Frances Troll

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

16. (a) Informant Joseph Fischl

(b) Address 2022 a Adelaide Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. A. Stock

(b) Address 2117 East Grand

19. (a) Aug 26 1943 (Date received local registrar) (b) J. F. Broedel (Registrar's signature)

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. 2022 a Adelaide
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1943 hour 8 minute 50 M. A

21. I hereby certify that I attended the deceased from Aug 2, 1943 to Aug 24, 1943
that I last saw him alive on Aug 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute Hepatitis

Due to Gastric ulcer

Other conditions (include pregnancy within 3 months of death) 125

Major findings: Of operations Gastric ulcer

Of autopsy not done

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 Henry A. Daniel (M. D. or other) _____
Address 604 N. Grand Date signed 8-26-43

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

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.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address. *5934 alpha*

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.