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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

Registration District No. 279

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7936

Primary Registration District No. 4404

Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Altenberg Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 29

(a) State: Missouri (b) County: Perry

(c) City or town: Altenberg Mo.
(If outside city or town limits, write "RURAL") 0

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME: Hulda Fischer

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

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emmanual Fischer

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

7. Birth date of deceased: May (Month) 21 (Day) 1864 (Year)

8. AGE: Years 79 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: House Wife

11. Industry or business .....

FATHER
12. Name: Valetine Meister
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Christina Pfau
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Rudolph Meister
(b) Address: Frohna Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-8-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Altenberg Mo.

18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.

19. (a) Mar-7-44 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 21st 1940 to March 6th 1944 that I last saw her alive on March 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	4 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 0

23. Signature: Theodore Fischer (M. D. or other) M.D.
Address: Altenburg, Mo Date signed: 3-7-44

1504

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 344-355

Date Filed 3-9-44

MAR 20 1945

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.