DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8928

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2842

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: Recorder of Deeds Office 0 (If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution None (Specify whether In this community years, months or days)

St Louis City Hall

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. 5250 Wren Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

000 12 97

3. (a) PRINT FULL NAME Frederick W. Fischer
3. (b) If veteran, name war None
3. (c) Social Security No. 499-05-0376
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Fischer nee Bergmann
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased January 15, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	9	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Wood Worker
11. Industry or business
FATHER 12. Name George Fischer
FATHER 13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Edward F. Fischer
(b) Address 5250 Wren Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAR 27 1944 (Date received local registrar) (b) J. F. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1944 hour 12:20 PM minute M.
21. I hereby certify that I attended the deceased from Jan 31, 1941, to March 10, 1944 that I last saw him alive on March 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 yrs.
Due to	
Due to	
Other conditions None (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
23. Signature C. W. Schumacher (M. D. or other)
Address 4991 Thrush Date signed 3-25-44

4414

(Licensed Embalmer's Statement on Reverse Side)

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

o. 2
2-43
7-39
X35697

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 Hilford G Burnley

Licensed Embalmer No. 4212

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.