

FILED AUG 14 1944

State File No. _____

6831

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 Days
 (Specify whether
 In this community 50 Years
 years, months or days)

3. (a) PRINT FULL NAME Margaret Gisler

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 Oliver 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 21 1881
 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Martin Fuchs

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

14. Maiden name Catherine Barnd

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

16. (a) Informant Oliver Gisler

(b) Address 4500 Miami St.

17. (a) Burial (b) Date thereof Aug. 5, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem. Nacker-Helderle

18. (a) Signature of funeral director _____ (b) Address 3634 Gravois Ave.

19. (a) AUG 5 1944 (b) J. J. Bredeek
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4500 Miami St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
 year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7/23
 1941 to 7/26 1944
 that I last saw her alive on 7/26 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pt. Pulmonary Embolus Duration _____

Due to Postoperative Colostomy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/26

Major findings: Of operations _____

Of autopsy As above + Cholesterol Underline the cause to which death could 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 A. Gisler (M. D. or other) _____
 Address 3115 S. Grand Date signed 8/4/44

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

MOTHER FATHER

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.....

Frank J. [Signature]

Licensed Embalmer No.....

9675

P. O. Address.....

St. Louis

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.