

S. No. 2
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5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7744

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:
8443 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

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. 8443 N. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie Fischer

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 Widow

6. (b) Name of husband or wife Louis F. Fischer

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

7. Birth date of deceased June 10, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th.
year 1944 hour 12:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Sept 6, 1944
that I last saw her alive on Sept 5, 1944
and that death occurred on the 6th and hour stated above.

Immediate cause of death Angina Pectoris Duration 3 yr

Due to not known

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
72 2 27 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John J. Foster Sr.

(b) Address 8443 N. Broadway

17. (a) Burial (b) Date thereof 9/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Math Hermann & Son

18. (a) Signature of funeral director _____
(b) Address 2161 East Fair Ave

19. (a) SEP 7 1944 (b) J. H. Fredrick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 H. F. Miller (M. D. optional)
Address 8443 N. Broadway Date signed 9/7/44

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address. *St. Louis, 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.