

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

38472

FILED NOV 26 1945
Registration District No. 317 Primary Registration District No. 3069 State File No. Registrar's No. 2638

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Richmonds Heights Mo
(c) Name of hospital or institution:
7571 Harter Ave
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 9th
(c) City or town Richmonds Heights
(d) Street No. 7571 Harter Ave
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Martha C Fischer
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis A
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov 6 1887

8. AGE: Years Months Days If less than one day
67 0 11 hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Unknown Wendlandt
13. Birthplace Germany
14. Maiden name Clara Dachsels
15. Birthplace Germany

16. (a) Informant Harold Fischer
(b) Address 7571 Harter Ave

17. (a) Burial (b) Date thereof 11 21 45
(c) Place: burial or cremation Bellefontain Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 2228 So. Kingshighway

19. (a) 11-21-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 17 year 1945 hour 6.10 PM minute M.
21. I hereby certify that I attended the deceased from July 10, 1932 to 11-17 1945
that I last saw her alive on 11-17 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to arteriosclerosis 10 yrs.
Due to hypertension 938 "
Other conditions myocardial disease 18 yrs.
Major findings:
Of operations
Of autopsy

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?
(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 B. B. Symonds (M. D. certified)
Address 116 Mc Cavland Date signed 11-18-45

Gumme1s

APR 26 1907

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.....

Chas. O. Mc Dermott

Licensed Embalmer No.

3024

P. O. Address.....

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.