

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED MAR 1 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
4243 South 37th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 years
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. 4243 South 37th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Kathryn P. Fischer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 16,
year 1946 hour 1: minute 12 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Fischer 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 15, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 14, 1946, to Feb 16, 1946; that I last saw her alive on Feb 15, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 2 1 hr. min.

Immediate cause of death chronic myocarditis
Due to _____
Due to _____

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

Other conditions Presented by pneumonia 1 1/2 yrs.
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Conrad Bergmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Schade
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Theresa Sturdy
(b) Address 4243 S. 37th Street

17. (a) Cremation (b) Date thereof 2/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Brudeck (M. D. or other) _____
Address 2000 29th Date signed 2/16/46

19. (a) FEB 18 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

2020

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.....

Glen W. Holz

Licensed Embalmer No.....

2727

P. O. Address.....

1926 N. Kores Ave.

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.