

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12510**
Registrar's No. **721**

Registration District No. **784** Primary Registration District No. **200**

96

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson-Barracks
(c) Name of hospital or institution: Veterans Administration Facility 3
(d) Length of stay: In hospital or institution Admitted Mar. 23, 1940
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
Street No. 4355 Lee Ave., St. Louis, Mo.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lloyd J. Fischer 260

3. (b) If veteran, name war World War 3. (c) Social Security No. 488-07-1055

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 19, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 22 hr. min.

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

10. Usual occupation Coffee Blender

11. Industry or business James Forbes Coffee Company

MOTHER FATHER { 12. Name Joseph Fischer

18. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Susan Schneider

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

16. (a) Informant M. Schiller
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 4/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 12 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 3:15 minute _____ a.m.

21. I hereby certify that I attended the deceased from March 23, 1940, 19 _____ to April 11, 1940;
that I last saw him alive on April 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer. Duration Unkn.

Due to: 1170
Due to:

Other conditions Generalized Peritonitis.
(Include pregnancy within 3 months of death)

Major findings: See cause of death.
Of operations Operated 3/24/40.
Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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? [Signature] (Specify type of place) (c) Means of injury _____

23. Signature C.W. Hughes, M.D. (M. D. or other) !
Address Chief Medical Officer Date signed _____

Veterans Adminis. Pac., Jeff. Bks. Mo.

NOV 17 1949

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 Flornz Eymok

Licensed Embalmer No. 1284

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, above space should be left blank.