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v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5633**

FILED JUN 30 1943 18

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
STARKHOFF (CITY) HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3901 CLEVELAND  
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARENCE O. FISCHER

3. (b) If veteran, name war WORLD WAR #2

3. (c) Social Security No. 337-05-8738

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife DAISEY

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

7. Birth date of deceased DEC 28 1897  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Cause of death: Gun shot wound of R. chest  
Internal hemorrhage from  
gun shot wound of left lung  
Due to self-inflicted when  
deceased was found in  
Due to his home on June 19-1943  
about 9:30 AM

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation SALESMAN

11. Industry or business EMERSON DRUG CO.

12. Name FRED A. FISCHER

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

14. Maiden name ANNA SENN

15. Birthplace ST. LOUIS MISSOURI  
(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) Suicide

(b) Date of occurrence 6-19-43

(c) Where did injury occur? St. Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed [Signature]

16. (a) Informant A. F. Fischer

(b) Address 3901 CLEVELAND AVE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 6-23-43  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 1416 N. TAYLOR AVE

19. (a) JUN 23 1943 (Date received local registration)

[Signature] (Registrar's signature)

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**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 *James A. Summers*

Licensed Embalmer No. *4142*

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.**