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

NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35051

State File No.

Registrar's No. 39

Registration District No. 162

Primary Registration District No. 4251

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town KIMMSWICK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. 31 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON No. 50
(c) City or town KIMMSWICK
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM F. FISCHER

3. (b) If veteran, name war. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec 26
year 1943 hour 8:00 P.M.
21. I hereby certify that I attended the deceased from 1943 to Oct 26, 1943
that I last saw him alive on 10-26, 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased JAN. 6, 1894 (Month) (Day) (Year)

Immediate cause of death: Cor Myocarditis

8. AGE: Years 69 Months 9 Days 20
If less than one day hr. min.

Due to ...

9. Birthplace HANOVER, 4 GERMANY (City, town, or county) (State or foreign country)

Due to ...

10. Usual occupation BAKER

Other conditions: (Include pregnancy within 3 months of death) Senility 930

11. Industry or business BAKER

Major findings: Of operations

12. Name UNKNOWN

Of autopsy ...

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

14. Maiden name " (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS WALTER WILLIAMS (b) Address BOX 486 KIMMSWICK MO

17. (a) BURIAL (b) Date thereof Oct 29 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAUSCHENBACH CEMETRY

18. (a) Signature of funeral director HEINRICH FUNERAL HOME (b) Address KIMMSWICK MO R.R. 2

19. (a) 1943/27/43 (b) Catchment (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) ...
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature O. J. Perch M.D. (M. D. or other) Address Kimmswick Mo Date signed 10/29/43

1266 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Arthur W. Neiletag*.....

Licensed Embalmer No. *38020*.....

P. O. Address *Sumnerville, 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.