

FILED DEC 29 1943
318

State File No.

Registrar's No. 11080

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 40 years,
years, months or days

3. (a) PRINT FULL NAME Henry T. Fischer

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

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

6. (b) Name of husband or wife Clara Fischer
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 6, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 6
If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business Owner

12. Name Henry Fischer

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

14. Maiden name Mary Stapenhorst

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

16. (a) Informant Mrs. Clara Fischer

(b) Address 2012 College Ave.

17. (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 14 1943 (b) J. J. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 3653 Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 12
year 1943 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Dec 10, 1943
to Dec 12, 1943
that I last saw him alive on Dec 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative
sequela

Due to Cholecystectomy
and Appendectomy

Due to
Other conditions Aortic and Valvular
Sclerosis, Chidit Hepatitis

Major findings: Sclerotic Appendicitis
Enlarged S. Bladder & Gallstones
Of autopsy: Same as above
with stone in left subumbilic kidney

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)
(a) Means of injury

23. Signature Dr. W. H. Hirschbach, M.D.
Address 306 N. Grand Date signed

Car. A
Dr Weisenbach
306 No Grand
Fr 9679-

4922 Laclade
Fo. 8290

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 Frank A. Spone

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.