No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16337

FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4675

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: St. Anthony Hosp. O
(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 Mo. (b) County St. Louis 96

(c) City or town St. Louis Co. Lemay Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 712 Bellevilla NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Edward Fischer

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2 (Day) 1944 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	1	18	hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Edward Fischer
13. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Barbara Humonel
15. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Edward Fischer
(b) Address 712 Bellevilla Lemay Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur Pk.

18. (a) Signature of funeral director Witt Bro. L & Mo.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1944 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from April 2, 1944, to May 20, 1944; that I last saw him alive on 5-20-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	2 days
Due to	
Due to	
Other conditions Prematureness (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Erwin D. Crecelius O (M. D. or other)
Address 748 Lemay Ferry Rd Lemay Mo Date signed 5/21/44

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 S Jefferson a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.