

S. No. 2  
 OM-5-43  
 v. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED SEP 8 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **28438**  
 Registrar's No. **2133**

Registration District No. **317** Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2131 - 69th St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Wellston St.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2131 - 69th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Fred Henry Fischer  
 3. (b) If veteran, name war No 3. (c) Social Security No. 492-01-0815  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minnie A. Fischer 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased November 29, 1883.  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
61 9 0 hr. min.

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

**10. Usual occupation** Clerk

**11. Industry or business** J.C. Penney Co.

**12. Name** Henry Fischer

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

**14. Maiden name** Carrie Kuhs

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

**16. (a) Informant** Mrs. Minnie A. Fischer

**(b) Address** 2131 - 69th St.

**17. (a) Burial** (b) Date thereof Sept. 1, 1945.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Peters Cemetery

**18. (a) Signature of funeral director** Calvin F. Feutz Funeral Home

**(b) Address** 4828 Natural Bridge Blvd.

**19. (a) 9-1-45** (b) P. H. McNamee  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 29th  
 year 1945 hour 10:40 minute A. M.

**21. I hereby certify that I attended the deceased from** Aug 8 to Aug 29 1945  
 that I last saw him alive on Aug 29 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis  
 Due to Myocardial infarction  
atherosclerosis

Due to 94a  
 Other conditions (include pregnancy within 3 months of death)

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

**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 2  
 Signature P. H. McNamee (Date or other)  
 Address 6673 Lillian Date signed 8/30/45

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

SEP 12 1945

NOV 02 1945

**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.....

*John A. Menard*

Licensed Embalmer No. 4186

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, fact should be so stated above.**