

FILED OCT 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 158

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location) 25 das.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(d) Street No. 315 No. Jefferson
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM CHARLES FISCHER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W. 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 August 11 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business _____

12. Name George Fischer

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

14. Maiden name Louisa Tepel

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 9-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem., Farmington, MO.

18. (a) Signature of funeral director C. H. Cozear
(b) Address Farmington, Missouri

19. (a) 9-18-45 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 17, 1945 to Sept. 11, 1945
that I last saw him alive on Sept. 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 1 year

Due to _____

Due to Smoking

Other conditions Smoking
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No 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) _____

(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? _____

(e) Means of injury _____
(Specify type of plane)

23. Signature Emmett F. Hoctor (M. D. or other) _____

Address Farmington Date signed 9/14/45

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

74
0
0

VED

Health Officer No. 4
District File Number 1045-1186
Date Filed 10-9-45

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 Ch Cozen
Licensed Embalmer No. 4084
P. O. Address Farmington Ma.

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.