S. No. 2
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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. 38471

FILED NOV 25 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2629

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 145 days (Specify whether In this community 25 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 7157 Garesche Ave. (If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME FISCHER, Edward Herman

3. (b) If veteran, name war World I

3. (c) Social Security No 495 18 0668

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mildred Fischer

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January (Month) 21 (Day) 1898 (Year)

8. AGE: Years 47 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Altamont (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Diesel Eng. Instructor.

11. Industry or business --

FATHER
12. Name Herman Fischer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Augusta Midstate
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Altamont, Illinois

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) 11-19-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 15 year 1945 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from June 23, 1945 to November 15, 1945; that I last saw him alive on November 15, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| CEREBRAL HEMORRHAGE. | 2½ hrs. |
| Contributory Cause. | |
| CEREBRAL ARTERIOSCLEROSIS WITH THROMBOSIS. | 5 mo. |
| Due to -- 8 Sad | |
| Other conditions -- (Include pregnancy within 3 months of death) | |

Major findings:
Of operations No operation

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) 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 0

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.

Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 11/16/45

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4348 Lafayette

**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.**