S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 28 1945

STANDARD CERTIFICATE OF DEATH

State File No. 42399

Registration District No. 367 Primary Registration District No. 3063 Registrar's No. 2847

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13-days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town Home Station-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8240-St. Charles Road 0
(If rural, give location)
%Evangelical Childrens Home

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

If yes, name country

3. (a) PRINT FULL NAME Emil G. Fischer

3. (b) If veteran, name war No

3. (c) Social Security No. 499-12-2680

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 0

6. (b) Name of husband or wife Leona W Seefler

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov (Month) 29 (Day) 1893 (Year)

8. AGE: Years 52 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Femme Osage (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Foreman Farm-Dairy.

11. Industry or business Ev. Childrens Home

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

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

16. (a) Informant Leona W. Fischer

(b) Address 8240-St. Charles Rd-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 12-18-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 13 day year 1945 hour 3 minute 30 PM

21. I hereby certify that I attended the deceased from Dec 1, 1945 to Dec 13, 1945 that I last saw him alive on Dec 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia
Myocardial infarct c̄

Due to coronary occlusion

Due to Fracture 6th cervical transverse process & subluxation of 5 cerv. vert.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

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) struck by Accident (Auto)

(b) Date of occurrence 12/1/45

(c) Where did injury occur? (City or town) St Louis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place highway (Specify type of place)

While at work? (e) Means of injury

23. Signature Donald O. Burst (M. D. or other) M.D.

Address 601 Burtwood Clyton Date signed 12/14/45

(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 Harold F. Brown

Licensed Embalmer No. 4337

P. O. Address Overland, 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.