S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6378

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7428

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1541

1. PLACE OF DEATH:

(a) County ST. Louis, MO.

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

(c) Name of hospital or institution: City Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-28-45 to Feb. 13-46 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town ST. Louis, MO 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 2826 N. Jefferson Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Fischer

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Nov (Month) 25 (Day) 1862 (Year)

8. AGE: Years 83 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

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

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

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) FEB 14 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1946 hour minute 8 50 AM

21. I hereby certify that I attended the deceased from Nov. 28 19 45 to Feb. 13 19 46 that I last saw him alive on Feb. 13 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Chronic myocarditis	
myocardial degeneration	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis	
Major findings: Of operations: 93	
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)

(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 John E. Allen M.D. (M. D. or other)

Address Stop arsenal Date signed 2/13/46

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St.

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.