

FILED NOV 25 1946 318

1003

Registrar's No.

9730

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6731 ALABAMA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County.....
(c) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6731 ALABAMA
(If rural, give location)
(e). Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME JESSE H. FISCHER

3. (b) If veteran, name war. #1 3. (c) Social Security No.....

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased MAY 24 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 TH hr. min.

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

10. Usual occupation MACHINIST

11. Industry or business UNEMPLOYED

12. Name JOHN NOVENSIA

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

14. Maiden name MAR NOVENSIA

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

16. (a) Informant Josephine Fischer

(b) Address 6731 Alabama

17. (a) BURIAL (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director Fendley Und. Co.

(b) Address 7420 Michigan Ave

19. (a) NOV 15 1946 (Date received local registrar) J. B. Braden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1946 hour 11 minute 05 M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

(that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage due to gun shot wound of right temple / self-inflicted as he
Died at home on Nov. 14, 1946
Cause unknown

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) suicide
(b) Date of occurrence Nov 14 1946
(c) Where did injury occur? at home
(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) (d) Means of injury.....

23. Signature Alfred J. Perry (M. D. or other) 3
Address Jefferson Date signed 11/15/46

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Oliver E. Fendley

Licensed Embalmer No. 4148

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.