No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32494

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3339

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community

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. 4843a Nat Bridge Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Louis Fischer
3. (b) If veteran, name war
3. (c) Social Security No. 492-05-7110

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Florence Fischer
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June (Month) 16 (Day) 1896 (Year)

8. AGE: Years 51 Months 22 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Stage Hand
11. Industry or business Theaters
FATHER
12. Name Henry Fischer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Jackson
15. Birthplace New Jersey (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rose Florence Fischer
(b) Address 4843a Nat Bridge Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Calvin Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1947 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from April 15, 1937 to Aug 31 1947 that I last saw him alive on Aug 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Squamous Carcinoma of Tongue with metastasis to lymph nodes of neck
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations as above
Of autopsy none done

PHYSICIAN
Underline the cause of 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

23. Signature Louis H Jorstad (M. D. ~~or other~~)
Address 3730 Washington Date signed 9/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

LOUIS H JORSTAD

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.....John A. Mlinar.....

Licensed Embalmer No.....4186.....

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.