

FILED FEB 13 1948

State File No. _____

Registration District No. 119Primary Registration District No. 4193Registrar's No. 2

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Hermann
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Workman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 Months
 (Specify whether
 In this community Lifetime
 years, months or days)

3. (a) PRINT FULL NAME CHARLES FRANK FISCHER

3. (b) If veteran, name war ----- 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 1 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 14 _____ hr. _____ min.

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

10. Usual occupation Retired Laborer

11. Industry or business _____

12. Name Joseph Fischer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Francisca Christman
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Martin
 (b) Address 1709 Spring, St. Louis, Mo
 17. (a) Burial (b) Date thereof 1-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hermann
 (b) Address Hermann, Mo
 19. (a) 1/17/48 (b) W. M. Mendenhall
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
 (c) City or town Hermann
 (If outside city or town limits, write "RURAL")
 (d) Street No. 229 E. Second St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
 year 1948 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from October 30
1947 to January 15 1948
 that I last saw him alive on January 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobular pneumonia Duration 2 days

Due to _____
 Due to 108

Other conditions Malnutrition, sec. anemia Indefinite
 (Include pregnancy within 3 months of death) NOT
Gen. Arteriosclerosis PHYSICIAN

Major findings:
 Of operations Left leg amputated
11-10-47 for gangrene
 Of autopsy None
 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?

While at work? _____ (Specify type of place)
 (c) Means of injury 0

23. Signature Carvel T. Shaw, MD (M. D. or other)
 Address Hermann, Missouri Date signed 1-17-48

RECEIVED
District Health Officer No. 9,
District No. 9,
Date Filed 2/12/48

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 Chas. N. Pope
Licensed Embalmer No. 2582
P. O. Address Hermann, 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.