No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10157

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2694

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(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 Mo (b) County

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

(d) Street No. 5202 Robin Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES C. 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 married

6. (b) Name of husband or wife Ida Fischer

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

7. Birth date of deceased January 3, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Switchboard Operator

11. Industry or business Public Service Co

FATHER
12. Name Silas Fischer
13. Birthplace Ill
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mellvina (unknown)
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Fischer- Wife,
(b) Address 5202 Robin Ave.,

17. (a) burial (b) Date thereof 3-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No. Euclid

19. (a) MAR 18 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1948 hour 10:30 P.M. minute M.

21. I hereby certify that I attended the deceased from February 12th 1948 to March 16th 1948
that I last saw him alive on Mar 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 3901 Park Ave Date signed 3/17/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1948

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 Robert L. Brinkman

Licensed Embalmer No. 8033

P. O. Address .....

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.