No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19918

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 38

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 DAYS (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. 6519 DEVONSHIRE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CONRAD FISCHER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife EMELIA GNADT
6. (c) Age of ~~husband or~~ wife if alive 79 years
7. Birth date of deceased OCTOBER (Month) 6 (Day) 1859 (Year)

8. AGE: Years 88 Months 8 Days 21 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation BUTCHER & GROCER
11. Industry or business GROCERY & MEAT STORE
FATHER
12. Name DANIEL FISCHER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET BYRNES
15. Birthplace FRANCE (City, town, or county) (State or foreign country)
16. (a) Informant Brother Rock, O.D.
(b) Address St. Joseph's Hill Inf.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE (Month) 30 (Day) 1948 (Year)
(c) Place: burial or cremation RESERRECTION CEM
18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORT
(b) Address 6464 CHIPPEWA ST.
19. (a) June 28, 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27 year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from JUNE 1, 1948, to JUNE 22, 1948; that I last saw him alive on JUNE 22, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION — Duration

Due to CEREBRAL - ARTERIO - SCLEROTIC - CARDIO - VASCULAR - DISEASE

Due to MYOCARDITIS

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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

23. Signature J. Marder M.D. (M. D. or other) M.D.
Address 3155 NO. VANDEVENTER Date signed 6/27/48

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 30 1948

STATEMENT 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 Harry J Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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