FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24275
Registrar's No. 6321

Registration District No. [illegible] Primary Registration District No. 1003

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 Firmin Desloge Hosp.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5632 West Park Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 4 (Yes or No) 0
If yes, name country

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

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Adele E.

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

7. Birth date of deceased June (Month) 24 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	0	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Driver

11. Industry or business Police Dep't. St. Louis

FATHER
12. Name Vincent Fischer
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mary Kutzmann
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Adele E. Fischer
(b) Address 5632 West Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from 10 June, 1948, to 15 July, 1948, that I last saw him alive on July 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia. — Duration 2 yrs

Due to [redacted]

Due to 74 ac

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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 Arthur K. Fiskel (M.D. ~~or other~~) M.D.
Address 1325 S. Grand. Date signed 16 July 48

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

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

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 Edwin A M Dermatt

Licensed Embalmer No. 3024

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.