S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27694

FILED AUG 2 1948

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 6831

1. PLACE OF DEATH:

(a) County: SAINT LOUIS, MISSOURI

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GOOD SAMARITAN HOME 4500 WASHINGTON BL., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 MONTHS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County:

(c) City or town: SAINT LOUIS (If outside city or town limits, write "RURAL")

(d) Street No.: 4500 WASHINGTON BLVD., (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: SALOME MARIE FISMER

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: FEMALE

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: NOVEMBER 12th, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	8	20	hr. min.

9. Birthplace: BURTON, ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation: NONE

11. Industry or business:

FATHER
12. Name: ARNOLD FISMER
13. Birthplace: BIELEFELD, GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: VERENA ZIMMERMAN
15. Birthplace: SWITZERLAND (City, town, or county) (State or foreign country)

16. (a) Informant: REV. F. J. LANGHORST

(b) Address: 4500 WASHINGTON BLVD.,

17. (a) REMOVAL-MOTOR (Burial, cremation, or removal) (b) Date thereof 8/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation: ST. PETERS CEMETERY WASHINGTON, MISSOURI

18. (a) Signature of funeral director: CALVIN F. FEUTZ

(b) Address: 4828 NATURAL BRIDGE BOULEVARD

19. (a) AUG 4 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 2nd year 1948 hour 11 minute 55 P M.

21. I hereby certify that I attended the deceased from July 27, 1948, to Aug 2, 1948; that I last saw her alive on Aug 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	1wk.
Due to: arteriosclerosis	
Due to:	
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: F. F. Bergman (M. D. or other) M.D.

Address: 3750 Washington Blvd. Date signed: 8/4/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3770 Washington Blvd.
Yes 3 Rms

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.