

FILED JAN 11 1949

818

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:
Pronounced dead at, City 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 ood
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 16 3516 GRACE AV.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LUDWIG ADOLPH FISCHER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th
 year 1948 hour 10:50 minute _____ A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife: JENNICE FISCHER 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: SEPT. 22 1902
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death: Asphyxiated; Chronic Myocarditis; when found floating in the Mississippi River at the foot of Franklin Ave on Nov. 20th 1948 at about 10:50 AM. Cause + manner of death same could not be determined
 Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation: DIE + TOOL

11. Industry or business: EMERSON ELECTRIC Co

12. Name: ADOLPH FISCHER

13. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name: MINA UNKNOWN

15. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jennice Fischer
 (b) Address: 3516 Grace av.

17. (a) BURIAL (b) Date thereof: Nov 24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem

18. (a) Signature of funeral director: E. J. Schmitt
 (b) Address: 3125 Lafayette Ave

19. (a) NOV 24 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

Major findings: 18 1/2 Open Verdict
 Of operations _____
 Of anopsy _____

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): Open Verdict
 (b) Date of occurrence: Nov 20th 1948
 (c) Where did injury occur?: St. Louis Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work: no (e) Means of injury: see above

23. Signature: [Signature] M. D. on _____
 Address: _____ Date signed: 11/24/48

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

MOTHER FATHER

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.

Not Embalmed
Signed..... *J. B. Volmer*.....

Licensed Embalmer No. *4014*.....

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.