

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28044**
7674
Registrar's No. _____

FILED SEP 12 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY _____				
b. CITY OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		d. STREET ADDRESS (If rural, give location) 15-4300 So. Compton Ave.,		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4300 So. Compton Ave.,				d. STREET ADDRESS (If rural, give location) 15-4300 So. Compton Ave.,				
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Fischer,			4. DATE OF DEATH September 2, 1949.					
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH March 24, 1865		
9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Libory, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Stolte,			13b. MOTHER'S MAIDEN NAME Unknown,		14. NAME OF HUSBAND OR WIFE August Fischer,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mae Fischer, ADDRESS 4300 So. Compton Ave.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Hypertensive Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None performed				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis, (STATE) Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car				
22. I hereby certify that I attended the deceased from Jan , 19 49 , to Aug , 19 49 , that I last saw the deceased alive on Aug 30 , 19 49 , and that death occurred at 12:40 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE John D. Swanson M.D. (Degree or title)				23b. ADDRESS 205 W. Virginia		23c. DATE SIGNED 3 Sept 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE Sept. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery,		24d. LOCATION (City, town, or county) (State) St. Libory, Illinois.		
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St.,				

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

7574

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Sam E. Percy

Signed _____

Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.