

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38712

State File No. _____

FILED DEC 6 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 10224	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5803 Cote Brilliante				d. STREET ADDRESS (If rural, give location) 5803 Cote Brilliante			
3. NAME OF DECEASED (Type or Print) a. (First) Milton		b. (Middle) William		c. (Last) Fischer		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 49	
5. SEX Male		16. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 11, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIE SETTER		10b. KIND OF BUSINESS OR IND. ST. LOUIS CASKETRY CO. - MFG. CASKETS.		11. BIRTHPLACE (State or foreign country) DeSoto, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Fischer		13b. MOTHER'S MAIDEN NAME Hannah Knorpe		14. NAME OF HUSBAND OR WIFE Sybil Fischer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 327-03-4902		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sybil Fischer 5803 Cote Brilliante			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH				INTERVAL BETWEEN ONSET AND DEATH Approx 1 year	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) NONE					
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> MALE NUTRITION					
19a. DATE OF OPERATION 1948		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF STOMACH				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) (STATE) H/6			
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? 151X			
22. I hereby certify that I attended the deceased from 26 OCT, 1949 , to 26 NOV, 1949 , that I last saw the deceased alive on 26 NOV, 1949 , and that death occurred at 9:05 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert A. Mayer M.D.				23b. ADDRESS ST. LOUIS 505 HUMBOLT 13 LOG M.		23c. DATE SIGNED 28 NOV. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 26, 49		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Edwardsville Ill.	
DATE REC'D BY LOCAL REG. NOV 28 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Meyer Edwardsville Ill.			

WRITE PLAINLY—USING UNFAADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles E. Mercer

Signed.....

Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Granite City*

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.