

STANDARD CERTIFICATE OF DEATH

State File No. **24754**
Registrar's No. **6350**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **#14 Lenox Pl.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 2129**
d. STREET ADDRESS (If rural, give location) **#14 Lenox Pl. 0**

3. NAME OF DECEASED
a. (First) **Walter** b. (Middle) _____ c. (Last) **Fischel**

4. DATE OF DEATH (Month) (Day) (Year)
July 22, 1950

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 14, 1881**

9. AGE (In years last birthday) **69**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Physician**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Washington E. Fischel**

13b. MOTHER'S MAIDEN NAME **Martha Ellis**

14. NAME OF HUSBAND OR WIFE **Virginia E. Fischel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) **es**

(If yes, give war or dates of service) **World War I**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Virginia E. Fischel, #14 Lenox Pl.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Gen. arteriosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **322X**

22. I hereby certify that I attended the deceased from **July 14, 1950**, to **July 22, 1950**, that I last saw the deceased alive on **July 22, 1950**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Michael M. Karl M.D.** (Degree or title)

23b. ADDRESS **3720 Washington Blvd.**

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-25-50**

24c. NAME OF CEMETERY OR CREMATORY **Bellegontaine**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 24 1950**

REGISTRAR'S SIGNATURE **J. B. Foster**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wagoner Mortuary, 4911 Washington Blvd**

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

APR 8 1963
SEP 12 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed, Elmo D. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.