

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2239

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Crescent.		c. CITY (If outside corporate limits, write RURAL and give township) 76 Meramec Twshp. 4760	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Valley Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Meramec River			

3. NAME OF DECEASED (Type or Print) William Fissell			4. DATE OF DEATH (Month) (Day) (Year) 9 20 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 27, 1876		9. AGE (In years, months, days) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Meat dealer		10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anton Fissell		13b. MOTHER'S MAIDEN NAME Pauline Christopher		14. NAME OF HUSBAND OR WIFE Christine Simon Fissell	
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Milton Barner, Woodriver, Ill.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) drowning-fell from motorboat which capsized in the Meramec River		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6850 42	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jedburg, St. Louis, Mo.		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 17 50 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Willman 3 Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 9/21/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21, 50	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo., Mo.		
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DATE REC'D BY LOCAL REG. 9-21-50	REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.		
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WRITE PLAINLY—USING UNFADING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

NOT EMBALMED

Signed *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, 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.