S. No. 200
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FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14054

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4202

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hospital 6150 Oakland Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles 0923
d. STREET ADDRESS (If rural, give location) 546 Clay Street

3. NAME OF DECEASED (Type or Print)
a. (First) Jacob
b. (Middle) -------
c. (Last) Fischbach

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 20-1863
9. AGE (In years last birthday) 87 Months 10 Days 13 If under 1 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Brewery
11. BIRTHPLACE (State or foreign country) Alsace-Lorraine, Germany 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Fischbach
13b. MOTHER'S MAIDEN NAME Mary Pfister
14. NAME OF ~~HUSBAND OR~~ WIFE Katherine (Groenninger) dec'd 2/8/43

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL
16. SOCIAL SECURITY NO. NIL
17. INFORMANT'S SIGNATURE OR NAME John Fischbach (son) ADDRESS St. Charles, Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 1 Mo. +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 1 Mo. +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* 4-21, 1951, *to* 5-3, 1951, *that I last saw the deceased alive on* 5-2, 1951, *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Koch (Degree or title) M.D.
23b. ADDRESS 35 N. Central, Clayton
23c. DATE SIGNED 5-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 5, 1951
24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery
24d. LOCATION (City, town, or county) St. Charles, Missouri (State)

DATE REC'D BY LOCAL MAY 4 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co. ADDRESS 800 N. 2nd St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.