

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14056

State File No. 3568

BIRTH NO. _____ REG. DIST. NO. **318** 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 **MO**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR
Town St. Louis, Missouri

c. CITY (If outside corporate limits, write RURAL and give township) OR
TOWN ST LOUIS **2289**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION
S_t Louis City Hospital #1

28 STREET ADDRESS (If rural, give location)
UNKNOWN

3. NAME OF DECEASED
a. (First) **JOSEPH**
b. (Middle) _____
c. (Last) **FISCHER**

4. DATE OF DEATH
(Month) (Day) (Year)
MAR. 20 1951

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
UNKNOWN

8. DATE OF BIRTH
Oct 1879

9. AGE (In years last birthday) **71**
If under 1 year: Months _____ Days _____
If under 12 hours: Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY
UNKNOWN

11. BIRTHPLACE (State or foreign country)
UNKNOWN **9**

12. CITIZEN OF WHAT COUNTRY?
UNKNOWN

13a. FATHER'S NAME
UNKNOWN

13b. MOTHER'S MAIDEN NAME
UNKNOWN

14. NAME OF HUSBAND OR WIFE
UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
UNKNOWN

16. SOCIAL SECURITY NO.
UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Margaret Kelly 2331 Mullamphy

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

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) (Min.)

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

21f. HOW DID INJURY OCCUR?
Hand

22. I hereby certify that I attended the deceased from **5-12-50**, 19____, to **3-20-51**, 19____, that I last saw the deceased alive on **3-20-51**, 19____, and that death occurred at **6:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Robert C. Dunchee MD

23b. ADDRESS
1515 Lafayette Avenue

23c. DATE SIGNED
3-21-51

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

24b. DATE
APR 10-51

24c. NAME OF CEMETERY OR CREMATORY
CALVARY

24d. LOCATION (City, town, or county) (State)
ST LOUIS MO

DATE REC'D BY LOCAL (REG.)
APR 10 1951

REGISTRAR'S SIGNATURE
J. B. Pasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Bullen-Kelly 4386 Lindell

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed James A. Lammers
Licensed Embalmer No. 3142

P. O. Address St. Louis

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.