

FILED JUN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No.

5176

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 MISSOURI: b. COUNTY ST. LOUIS:			
b. CITY (If outside corporate limits, write RURAL and give town) SAINT LOUIS:		c. LENGTH OF STAY (In this place) 37		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY: 4376			
d. FULL NAME OF HOSPITAL OR INSTITUTION SAINT JOHNS HOSPITAL:				d. STREET ADDRESS (If rural, give location) # 526 PURDUE AVE:			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA			b. (Middle) HOFFMANN		c. (Last) FISCHER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 4 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 12 1880		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) CARLYLE, ILLINOIS:		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CONRAD HOFFMANN			13b. MOTHER'S MAIDEN NAME MARGARET KEHM		14. NAME OF HUSBAND OR WIFE OSCAR B. FISCHER		
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OSCAR C. FISCHER - 526 PURDUE AVE:			
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 hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis & Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. angina pectoris					INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334 X			
22. I hereby certify that I attended the deceased from 6-4, 1940 to 6-4, 1951 , that I last saw the deceased alive on 6-4, 1951 , and that death occurred at 11:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. H. Fiske MD.				23b. ADDRESS 3604 Washington		23c. DATE SIGNED 6-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 7 1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, St. L ouis Conuty, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JUN 5		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS - 7233 DELMAR BLV'D.			

No. 300
10-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.