

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28228**  
Registrar's No. **7332**

FILED SEP 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. L.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Glemcoe</b>	
c. LENGTH OF STAY (In this place) <b>10 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Agnes</b>	b. (Middle) <b>Fischenmeyer</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16, 1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 4, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Waterloo, Ill.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Ralph Druse</b>	13b. MOTHER'S MAIDEN NAME <b>Illinois Ditch</b>	14. NAME OF HUSBAND OR WIFE <b>Bernard Frischenmeyer</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marie Brinkmeyer - 6633 Itaska</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Varicose Veins</b>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>Heel X</b>
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22. I hereby certify that I attended the deceased from July 9, 1951, to August 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ben A. Kirsman MD</b>	23b. ADDRESS <b>7158 Manchester</b>	23c. DATE SIGNED <b>8-16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-18-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla</b>	24d. LOCATION (City, town, or county) (State) <b>St. L. Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 17 1951</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>	ADDRESS <b>67456 Manchester</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 \_\_\_\_\_

*A. J. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.