.S. No. 300
EV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11061

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 318

4504

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

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD -
c. LENGTH OF STAY (In this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7401 RICHMOND PLACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD 4534
d. STREET ADDRESS (If rural, give location): 7401 RICHMOND PL

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): J.
c. (Last): FISCHER

4. DATE OF DEATH (Month) (Day) (Year): FEB 3 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 4, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHIRO PRACTOR -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO -
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ANDREW FISCHER -
13b. MOTHER'S MAIDEN NAME: MARY FITTIG
14. NAME OF HUSBAND OR WIFE: KATHERINE SMITH 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.: NOT KNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: KATHERINE FISHER 7401 RICHMOND

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) Self ingested sleeping capsules

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: 970.8
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Maplewood St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2/3/52 8:20 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Self ingested sleeping tablets

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. Willmann Coroner
23b. ADDRESS: 3 Clayton, Mo.
23c. DATE SIGNED: 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO -

DATE REC'D BY LOCAL REG.: 2/6/52
REGISTRAR'S SIGNATURE: Herbert K. Doucke M.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Coghlan 7146 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahnke

Signed _____
Student Embalmer

Licensed Embalmer No. 3917

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.