

FILED MAY 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13643

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Danville Twn</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Danville Twn</b> 0700	
c. LENGTH OF STAY (in this place) <b>8 MO</b>		d. STREET ADDRESS (If rural, give location) <b>2 miles East New Florence Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Waldemar</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Fischer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>SEPT. 26-1881</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b> 4	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hernan Fischer</b>	13b. MOTHER'S MAIDEN NAME <b>Un Known</b>	14. NAME OF HUSBAND OR WIFE <b>Else H. Fischer</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)	16. SOCIAL SECURITY NO. <b>492-07-9191</b>	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <b>Elsbeth Fischer New Florence Mo</b>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLUS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sub</b>
	ANTECEDENT CAUSES DUE TO (b) <b>CARCINOMA OF LIVER</b>		
	DUE TO (c) <b>INTSTITIAL NEPHRITIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Wk</b>	19b. MAJOR FINDINGS OF OPERATION <b>1561</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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) <b>5:30 PM 5-11-52</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 30 1951**, to **MAY 8 1952**, that I last saw the deceased alive on **MAY 8 1952**, and that death occurred at **6:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>James O. Helm</b> (Degree or title)	23b. ADDRESS <b>New Florence Mo.</b>	23c. DATE SIGNED <b>5-11-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-10-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Florence</b>	24d. LOCATION (City, town, or county) (State) <b>New Florence Mo</b>
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DATE REC'D BY LOCAL REG <b>5-11-52</b>	REGISTRAR'S SIGNATURE <b>James O. Helm</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Christophorus</b> ADDRESS <b>Montgomery City Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1952

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STATEMENT BY LICENSED EMBALMER

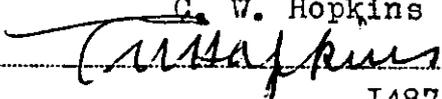
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ on the 8 day of May 1952

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

G. W. Hopkins

Signed.....  


Licensed Embalmer No. I487

P. O. Address. Montgomery City 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.