

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22831

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5798**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2109 | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | c. LENGTH OF STAY (in this place) 16 hours | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | e. STREET ADDRESS (If rural, give location) 10 4105 Lee Ave. | |

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|-------------------------------------|---------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) H. | c. (Last) Fischer | 4. DATE OF DEATH (Month) (Day) (Year) June 8, 1953. |
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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH July 29, 1875 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 15 MIN. Hours |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Photographer | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE deceased |
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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) no | 16. SOCIAL SECURITY NO. 489-03-0696 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophia Peel | ADDRESS 4105 Lee Ave. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct | | 7 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Arteriosclerosis | | 7 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis | | | ? |

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| 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? 4/201 |
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22. I hereby certify that I attended the deceased from **March 2, 1953, to June 8, 1953**, that I last saw the deceased alive on **June 8, 1953**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE R. M. Keenan (Degree or title) M.D. | 23b. ADDRESS 4356 Warne Avenue (7) | 23c. DATE SIGNED 6-9-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-11-53. | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. |
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| DATE REC'D BY LOCAL REG. JUN 11 1953 | REGISTRAR'S SIGNATURE Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. | ADDRESS 2161 E. Fair Ave. |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Welford G Burnley*.....
Licensed Embalmer No. *4282*.....
P. O. Address *Low, Pa*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.