

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40446**
11259

FILED **DEC 4-1953**

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 0-371	
b. CITY OR TOWN St. Louis,		c. CITY OR TOWN Hermann	
c. LENGTH OF STAY (In days)		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 Missouri Pacific Hospital		e. STREET ADDRESS (If rural, give location) 221 E. Second St.	
3. NAME OF DECEASED (Type or Print) Theodore		a. (First) Alfred b. (Middle) c. (Last) Fischer	
4. DATE OF DEATH 11/27/53		(Month) (Day) (Year)	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/23/89
9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR Clerk	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	13a. FATHER'S NAME Paul Fischer	13b. MOTHER'S MAIDEN NAME Unknown
13c. NAME OF HUSBAND OR WIFE Elizabeth	14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	15. SOCIAL SECURITY NO. 702-14-4177	17. INFORMANT'S SIGNATURE OR NAME Elmer Fischer, Niceville, Florida
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma of larynx ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION April 13 - 1953		19b. MAJOR FINDINGS OF OPERATION Squamous Carcinoma of larynx with metastasis in neck.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 161X	
22. I hereby certify that I attended the deceased from June 25, 1952, to Nov. 24, 1953 , that I last saw the deceased alive on Nov. 24, 1953 , and that death occurred at 4:20 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Robert M. Tindall (Degree or title) M.D.		23b. ADDRESS #16 Hampton Village	
23c. DATE SIGNED 11-27-53		23d. LOCATION (City, town, or county) (State) Hermann, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-27-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Hermann, Mo.
DATE REC'D BY LOCAL REG. NOV 28 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Hugo Blumer, Hermann, Mo. ADDRESS	

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1953

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 _____

Frederic J. Hammer

Licensed Embalmer No. _____

4788

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.