

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13567**
Registrar's No. **3202**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 42 yrs.		e. STREET ADDRESS (If rural, give location) 23 2824 Eads Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2824 Eads Avenue			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) A.	c. (Last) HISCHKE	4. DATE OF DEATH (Month) (Day) (Year)
				April 7 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 14, 1872	9. AGE (In years last birthday) 81 yrs.	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. UNDER 4 HRS. Hours	13. UNDER 8 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Cabinet making	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Wilhelmina ?	14. NAME OF HUSBAND OR WIFE Louise Kaveler Hischke
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Fahrenkamp, 2824 Eads Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apothecia cerebri		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Genetic (b) Hypertension 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 Sensitivity	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 334X
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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?
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22. I hereby certify that I attended the deceased from **April 1, 1954** to **April 7, 1954** that I last saw the deceased alive on **April 6, 1954**, and that death occurred at **5:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clara Fahrenkamp MD	23b. ADDRESS 22783 Jefferson Fe	23c. DATE SIGNED 4-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-9-54	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. APR 9 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Phone - - PR 1-4218
Hours - Between 8 and 10 tonight
April 7, 1954

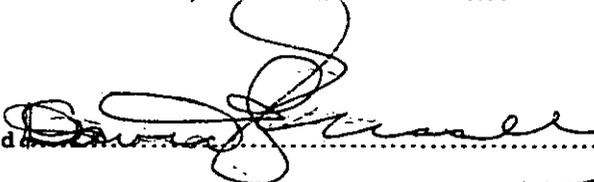
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 45

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.