

FILED OCT 11 1954

## STANDARD CERTIFICATE OF DEATH

State File No. **31532**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>206</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charle</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Charles</b> )		c. LENGTH OF STAY (in this place) <b>354</b>		c. CITY OR TOWN <b>St. Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>522 N. 6th St.</b> <b>0923</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>		b. (Middle)		c. (Last) <b>LISCHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 6, 1954</b>	
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>March 23, 1871</b>	
9. AGE (in years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>		IF UNDER 18 Hrs. <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Macoutah, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Lischer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Johanna Harms Lischer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fred Lischer, St. Charles, Mo.</b>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardio vas- cular disease</b>				10 yrs.	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?			
22. I hereby certify that I attended the deceased from <b>5-28-47</b> , 19 <b>47</b> , to <b>10-6</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>10-6</b> , 19 <b>54</b> , and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.D. D. Lawrence</b>				23b. ADDRESS <b>114 N. Main St., St. Chas., Mo.</b>		23c. DATE SIGNED <b>10-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westenkuckler Cemet.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct 8 1954</b>		REGISTRAR'S SIGNATURE <b>Francis Hammett</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur C. Bane, St. Charles, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

SFP 22 1955

**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 *Clarence M. Billo*.....

Licensed Embalmer No. *437*.....

P. O. Address *St. Charles*.....

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.