

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 26 1954

318

1003

9446

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>17 years</b>		c. CITY OR TOWN <b>St. Louis</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>6519 Devonshire</b>				STREET ADDRESS (If rural, give location) <b>3 6519 Devonshire</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emilie</b>		b. (Middle) _____		c. (Last) <b>Fischer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1954</b>					
5. SEX <b>f</b>		6. COLOR OR RACE <b>w</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>December 30, 1868</b>					
9. AGE (in years last birthday) <b>85</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>					
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Charles Gnadt</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Kaichek</b>		14. NAME OF HUSBAND OR WIFE <b>Conrad Fischer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Marie Fischer, 6519 Devonshire,</b>				ADDRESS <b>9</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic cardio-vas. heart disease &amp; hypertension</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral aneurysm - (hemiplegia)</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>Oct/14-19</b> <b>Oct 1/54</b>			
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>							
22. I hereby certify that I attended the deceased from <b>Oct 26/49</b> , to <b>Oct 16/54</b> , that I last saw the deceased alive <b>Oct 16/54</b> , and that death occurred at <b>2:15p m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>1523 S Kings Highway</b>				23c. DATE SIGNED <b>10/18/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 19, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>OCT 18 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Hoffmeister Colonial Mortuary, Chippewa</b>				ADDRESS <b>6464</b>			

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

Dr. O. C. Pfeifer  
4523 S. Kingshighway

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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, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broad*

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.