

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16616**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4092**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS (If rural, give location) 4503 Morganford <i>21570</i>	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Walter c. (Last) Fischer		4. DATE OF DEATH (Month) (Day) (Year) May 5, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH Mar. 19, 1891
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wolfgang Fischer	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Genevieve Fischer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-I		16. SOCIAL SECURITY NO. 494-10-5915	
17. INFORMANT'S SIGNATURE OR NAME Genevieve Fischer		ADDRESS 4503 Morganford	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis &</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>arterio sclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>24h</i>	
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? <i>4201</i>	
22. I hereby certify that I attended the deceased from <i>5-5, 1955</i> to <i>5-5, 1955</i> , that I last saw the deceased alive on <i>5-5, 1955</i> , and that death occurred at <i>11:50 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter F. Abell M.D.</i>		23b. ADDRESS <i>2253 No. 39th</i>	
23c. DATE SIGNED <i>5-8-55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>5/9/55</i>		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis Co, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons 7027 Gravois	
DATE REC'D BY LOCAL REG. MAY 9 1955		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	

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.....
Donald E. Benz

Licensed Embalmer No. *7486*

P. O. Address *7027*

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.