

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26745

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5394 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>High Ridge Mercame</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>High Ridge</u>	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 <u>Mercame Township</u>		f. STREET ADDRESS (If rural, give location) <u>Mercame Township 0500</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FREDERICK</u>	b. (Middle) <u>F.</u>	c. (Last) <u>FISCHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 - 1955</u>
--	-----------------------------	-----------------------	--------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 1 - 1946</u>	9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
-----------------	---------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retiring) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Fredrick Wm Fischer</u>	13b. MOTHER'S MAIDEN NAME <u>Thelma E. Patsy</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fredrick W Fischer</u>	ADDRESS <u>High Ridge, Mo</u>
---	--	--	----------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Parapneumonia of vagus nerve</u>		<u>1 yr.</u>
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 <u>Infiltrating tumor of neck and chest. 193 X</u>	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) m.	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 Sept 4, 1954, to May 25, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Rollins Hauland, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1325 S. Grand Blvd. St Louis</u>	23c. DATE SIGNED <u>Aug 10, 1955</u>
---	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Louis</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Ruth J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brunner Funeral Home</u>	ADDRESS <u>House Springs Mo</u>
---	---	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

to. 300  
0. 48

500

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 17 1958

---

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.....  


Licensed Embalmer No. 147

P. O. Address Home Springs

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.