

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **33604** Registrar's No. **8190**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Length of stay in lb 11 days	STREET ADDRESS (If outside, give location) 4140 Tyrolean Ave.	
3. NAME OF DECEASED (Type or print) First Martha Middle R. Last Haupt			4. DATE OF DEATH Month Aug. Day 31. Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 23, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Fischer			14. MOTHER'S MAIDEN NAME Anna Foerster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Hugo Fischer-2538 Rose Garden Dr. Address Lemay, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease - Arterio - Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 422.1 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Aug 18/57 to Aug 31/57 and last saw her alive on Aug 29/57 . Death occurred at 11:40 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. Schumacher MD			22b. ADDRESS 6811/9 Gravois Ave		22c. DATE SIGNED 9/7/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 ADDRESS Gravois Ave.			25. DATE RECD. BY LOCAL REG. SEP 3 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD	

mgs

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 *Robert Wheeler*.....

Licensed Embalmer No... 21

P. O. Address *St. Louis*.....

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