

Health,
Welfare
Public
Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37030

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 1622 Watson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. 6 wks		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Saint Charles, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Herman Last Fischbach			4. DATE OF DEATH Month Nov. Day 7 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1889	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months 1 Days 21 Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) president		10b. KIND OF BUSINESS OR INDUSTRY Fischbach Brewing Slater, Missouri		11. BIRTHPLACE (City and state or country) U.S.A.	
13a. FATHER'S NAME Jacob Fischbach		13b. MOTHER'S MAIDEN NAME Catherine Groeninger		14. NAME OF HUSBAND OR WIFE Ellen M. Washburn	
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. 493-01-5643		17. INFORMANT Address Gilbert Fischbach, St. Charles, 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) Myocardial infarction DUE TO (b) Coronary sclerosis DUE TO (c) Hypertensive vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - 4201.					INTERVAL BETWEEN ONSET AND DEATH 7 weeks 7 years 10 years
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 1951 to Nov. 7, 1957 and last saw him alive on Nov. 7, 1957 Death occurred at 12:35 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Gregory C. W.D.			22b. ADDRESS Dr. Charles W.		22c. DATE SIGNED Nov 8, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 9, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
24. FUNERAL DIRECTOR ADDRESS H.C. Dellmeyer, St. Charles, Mo.			25. DATE RECD. BY LOCAL REG. Nov 8, 1957	26. REGISTRAR'S SIGNATURE Maree Wilson	

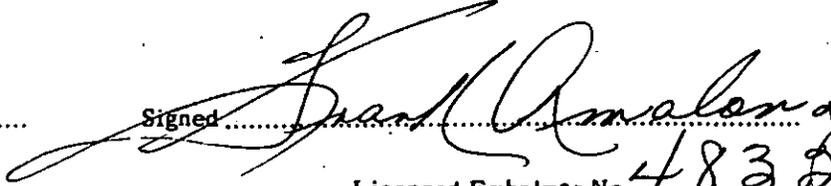
(Licensed Embalmer's Statement on Reverse Side)

40

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. 4838

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.