

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42618  
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11809

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Little Sisters of Poor</b>		Length of stay in 1b <b>2 years</b>		d. STREET ADDRESS (If outside, give location) <b>3892 Hartford St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>N.</b> Last <b>Singer</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>8</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15, 1879</b>	9. AGE (In years last birthday) <b>78 yrs</b>	10. F UNDER 1 YEAR Months <b>2</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintainence</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Louis Singer</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Armbruster</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Fischer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Irene Talbot 3892 Hartford St.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Dis.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gen. Arteriosclerosis</b>					<b>Yrs.</b>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>St. Louis, Mo</b>	
21. I attended the deceased from <b>Jan 1957</b> to <b>12/8/57</b> and last saw him alive on <b>12/6/57</b> Death occurred at <b>8:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>8059 Watson Rd</b>		22c. DATE SIGNED <b>12/9/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec. 11, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>John H. Gebken Sons-2630 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 9 '57</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

*L. M. Meyer*

RECEIVED

X	St. Louis	X	St. Louis
X	3882 Hamilton St.	5 years	Little Sister of 1000
1957	Dec. 8	M.	Joseph
53	18 yrs 5 mo	x	white
U. S. A.	St. Louis, Mo.	Female	Maintenance
Catherine Fischer	Catherine Arpbrücker		Louis Sinder
3882 Hamilton St.	Irene Tapp		

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 T. Gebken*

Licensed Embalmer No. 4144  
P. O. Address 2630 Gravois

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.

John W. Gebken, 2630 Gravois