

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016936
State File No.

FILED MAY 14 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1247

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis NORMANDY
c. LENGTH OF STAY (In this place) 8 1/2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 5360 A Clayton Ave.

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) CAROLINE c. (Last) Lischer

4. DATE OF DEATH (Month) (Day) (Year)
May 6 1958

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH April 21, 1895

9. AGE (In years last birthday) Months Days Hours Min. 62 (63)

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Hoermann

13b. MOTHER'S MAIDEN NAME Lisetta Stuermann

14. NAME OF HUSBAND OR WIFE PAUL E. Lischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.

16. SOCIAL SECURITY NO. NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul E. Lischer 5360 A Clayton Ave

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary edema
DUE TO (c) Myocardial infarction
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4/201

INTERVAL BETWEEN ONSET AND DEATH
3 hrs
8 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1/25/58 to 5/6/58, that I last saw the deceased alive on 7/30/57 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. J. ...

23b. ADDRESS 917 August St.

23c. DATE SIGNED 5/6/58

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE May 9 1958

24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 5-7-58

REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son 2161 E. Fair Ave

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

400

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 *Allen W. Nap*.....

Licensed Embalmer No. *373*

P. O. Address *St. Louis*

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.