Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030073
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 326

1. PLACE OF DEATH
a. COUNTY: St.Francois
b. CITY OR TOWN: Rural- Farmington- St.Francois Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital No.4 — Length of stay in Ib: 1M;13 das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3422 Wyoming St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louisa (Lulu) Middle: Last: Fischer

4. DATE OF DEATH: Month: August Day: 14 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Mar. 13, 1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months: 5 Days: 1 — IF UNDER 24 HRS.: 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.

13a. FATHER'S NAME: Julius Winkelmaier

13b. MOTHER'S MAIDEN NAME: Mary Kennedy

14. NAME OF HUSBAND OR WIFE: Louis Fischer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Louis Fischer - 3422 Wyoming St. — Address: St.Louis, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar pneumonia, rt. lower lobe - - - - - - Abt.24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis with cerebral arteriosclerosis. 490X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 1, 1958, to August 14, 1958 and last saw her alive on August 14, 1958
Death occurred at 3:55 P. M. - - - - - - - - - - on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C. Brennan M.D.

22b. ADDRESS: State Hospital No.4 Farmington, Missouri

22c. DATE SIGNED: 8-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Aug.18,1958

23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave. St.Louis, Mo.

25. DATE RECD. BY LOCAL REG.: Aug 14 1958

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

SEP 10 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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis, M

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.