

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030378

STATE FILE NUMBER

8415

FILED SEP 8 1958		Registration District No. 318	Primary Registration District 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	STREET ADDRESS (If outside, give location)	
<i>01 7335 Virginia</i>		<i>2019</i>	<i>7335 Virginia</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>GUSTAVE A FISCHER</i>		4. DATE OF DEATH Month Day Year <i>AUG. 30 1958</i>		
5. SEX <i>M. O</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 12 1890</i>	
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <i>Banker</i>		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>68</i>	
13. FATHER'S NAME <i>John Fischer</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>		
14. MOTHER'S MAIDEN NAME <i>Mary Seitz</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or years of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT <i>Mamie Fischer</i> Address <i>7335 Virginia</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>pulmonary edema</i> <i>Cerebral hemorrhage</i> DUE TO (b) <i>Cerebral hemorrhage</i> DUE TO (c) <i>331x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>1 week</i>
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.) <i>2</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>a. m. p. m.</i>		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 <i>June 25, 58</i> to <i>Aug 30, 58</i> and last saw her/him alive on <i>Aug 30, 58</i> Death occurred at <i>9:00 A.M. 8 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Clement J. Sullivan M.D.</i>		
22b. ADDRESS <i>4161 Lendell</i>		22c. DATE SIGNED <i>9-1-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-2-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mr. Hope</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co MO.</i>
24. FUNERAL DIRECTOR <i>JOS. P. FENDLER JR.</i> ADDRESS <i>7129 MICHIGAN</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 2 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Clarence M. Bell*

Licensed Embalmer No. *43*

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.