THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045643

STATE FILE NUMBER

FILED JAN 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12290

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital — Length of stay in lb 10

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN St.Ferdinand Twp 4020 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 27 12253 Bellefontaine Rd — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First AGNES Middle M Last FISCHER

4. DATE OF DEATH Month December Day 18th Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH January 13th,1916
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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 country) St.Louis Co.,Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Schollmeyer
13b. MOTHER'S MAIDEN NAME Wilhelmina Trettes
14. NAME OF HUSBAND OR WIFE Elmer L. 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. none
17. INFORMANT Elmer L. Fischer, Address 12253 Bellefontaine

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) Pulmonary Edema - Coma — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Metastatic Carcinoma — 6 months
DUE TO (c) Adenocarcinoma Right Breast — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X
19. WAS AUTOPSY PERFORMED? YES [X] 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 7-14-58, to 12-18-58 and last saw her alive on 12-18-58
Death occurred at 3:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E. Tacioppo MD
22b. ADDRESS 3400 N. Kingshighway St Louis 15 Mo
22c. DATE SIGNED 12/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 12/22/58
23c. NAME OF CEMETERY OR CREMATORY Salem Ev.Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry
25. DATE RECD. BY LOCAL REG. DEC 19 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 ..... Signed Ernest H. Remelis

Signature of Student Embalmer

Licensed Embalmer No. 4283

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.