

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018814

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 129

300
-57

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in lb 3 1/2 days		STREET ADDRESS 2705 Sibley St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Louise C. Fischer				4. DATE OF DEATH Month Day Year May 19, 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 20, 1886		9. AGE (In years last birthday) 73	10. FUNDING YEAR 0 29	11. 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 Own Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Boenker			13b. MOTHER'S MAIDEN NAME Marie Hollenberg		14. NAME OF HUSBAND OR WIFE Lawrence Fischer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. Ralph Fischer, St. Paul, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas with metastasis						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastasis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 July 15, 1955 to May 19, 1959 and last saw her alive on May 18, 1959 Death occurred at 1:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Eugene J. Cooney, M.D.				22b. ADDRESS St. Charles Mo.		22c. DATE SIGNED May 20, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 22, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		23d. LOCATION (City, town, or county) St. Charles, Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons, St. Charles, Mo.				25. DATE RECD. BY LOCAL REG. May 22-59		26. REGISTRAR'S SIGNATURE Marcella Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frank R. Amalora*

Licensed Embalmer No. *4832*

P. O. Address *H. Charles*

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.