

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUL 24 1959**

**59-026629**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2-6618**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in 1b<br><b>1 1/2 weeks</b>  | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1050 Theobald</b> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Louis</b> Middle <b>W</b> Last <b>Fischer</b>   |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>13</b> Year <b>1959</b>  |   |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-2-1895</b>  | 9. AGE (last birthday)<br><b>63</b>                                   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Proprietor (retired)</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Barry Ice Cream Co</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                          |  |
| 13a. FATHER'S NAME<br><b>Louis F. Fischer</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Emma F. Fischer</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES 1st World War</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Oscar W. Fischer, 2361 Deer Run Road</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchogenic Carcinoma</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>162.1</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic Heart Disease</b> |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Months</b>                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year  |   |   |   |  |
| 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 <b>June 23, 1959</b> to <b>July 13, 1959</b> and last saw him alive on <b>July 13, 1959</b><br>Death occurred at <b>5:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Stanley Reitman, M.D.</b>  |   |   | 22b. ADDRESS<br><b>9311 Duense Drive</b>  |   | 22c. DATE SIGNED<br><b>7/14/59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>July 16, 1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri</b>  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair A</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 15 '59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Roald Smith, M.D.</b>   |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clement McQuinn

Licensed Embalmer No. 3738

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.