RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 1 4 1960

-60-008197
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2058

DED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Affton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7709 General Sheridan La.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LENA Middle D. Last FISCHER
4. DATE OF DEATH: Month Feb. Day 20 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-5-1883
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary-General
10b. KIND OF BUSINESS OR INDUSTRY: Electric Co.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dietrich Fischer
13b. MOTHER'S MAIDEN NAME: Minnie Brandt
14. NAME OF HUSBAND OR WIFE: -------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Wand Address: 7709 General Sheridan La.

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) Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO (c) 157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 2-15-1955 to Feb 20, 1960 and last saw her/him alive on Feb. 20, 1960
Death occurred at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond J Martin MD (Degree or title)
22b. ADDRESS: 5203 Chippewa
22c. DATE SIGNED: 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG.: FEB 23 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. Dir. V.S.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed William B White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 [illegible]

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