

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018946

FILED VS MAY 23 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b <u>2hrs</u>	c. CITY OR TOWN <u>Augusta</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RRI Box 191</u>		
3. NAME OF DECEASED (Type or print) First <u>Erwin</u> Middle <u>Louis</u> Last <u>Fischer</u>			4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/9/1907</u>	9. AGE (last birthday) <u>53</u>	
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours		
Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and state or country) <u>Marthasville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Toepker</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Fischer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-20-7593</u>	17. INFORMANT <u>Eliza Fischer</u> Address <u>Augusta, Missouri R.R. 1 Box 191</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary sclerosis, anginal attacks post 6 yrs</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ 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 <u>June 7, 1960</u> to <u>May 16, 1960</u> and last saw him alive on <u>May 16, 1960</u> Death occurred at <u>7:030 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>L. Munch M.R.</u> (Degree or title)			22b. ADDRESS <u>205 Elm Washington Mo</u>		22c. DATE SIGNED <u>5/18/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/20/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethany E+R. Cemetery</u>	23d. LOCATION (City, town, or county) <u>Schlversburg, Mo.</u>	(State)		
24. FUNERAL DIRECTOR <u>T.J. Pitman</u>		ADDRESS <u>Wentzville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/19/60</u>	26. REGISTRAR'S SIGNATURE <u>J.P. Hudsonman J.P. Hudsonman</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 25 1960

STATEMENT BY LICENSED EMBALMER

JUN 7 1960

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.