

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **7722**

FILED AUG 31 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

Oliver Ober M.D.
 Registrar's Office: Rollin
 11

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 10 days		c. CITY OR TOWN Bridgeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11945 Berry Hill Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Fischer Last				4. DATE OF DEATH Month Aug Day 18 Year 1961			
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 88/9/1883	9. AGE (last birthday) 78	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Dardeene, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward O'Day			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
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 Margaret Goldkamp (same as item 2d)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Pulmonary Embolism				24 hours.
DUE TO (b)			Carcinomatosis				Longer Than 3 weeks
DUE TO (c)			1551				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.							
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 Aug. 13, 1961 to Aug. 17, 1961 and last saw her alive on Aug. 17, 1961 Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Oliver Ober M.D.				22b. ADDRESS 52 Maryland Plaza, St. Louis 8 Mo.		22c. DATE SIGNED Aug. 19, 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/21/61	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS Ortmann F. Home 9222 Lackland Overland				25. DATE RECD. BY LOCAL REG. AUG 19 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

JUL 24 1962

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 Al. O. Putnam

Licensed Embalmer No. 3478

P. O. Address _____

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.