

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-039504**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. **317** Primary Registration District No. **500** Registrar's No. **3095** STATE FILE NUMBER

AMENDED  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**FILED NOV 15 1961**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Normandy</b>                        |  | Length of stay in 1b<br><b>4 months</b>  | c. CITY OR TOWN <b>Florissant</b><br>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>Hill Top Nursing Home</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>132 Elmdale Court</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Arthur</b> Middle <b>C.</b> Last <b>Fischer</b>                              |                                  |   | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>30</b> , Year <b>1961</b> |   |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-15-1881</b>                                     | 9. AGE (last birthday)<br><b>80</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>Stone Cutter (retired)</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Monument Company</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Waterloo, Illinois</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |                                  | 13a. FATHER'S NAME<br><b>Henry Fischer</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Gardner</b>                        |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Frieda Fischer</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                       |   |   |   |

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| 17. INFORMANT<br><b>Mrs. Frieda Fischer, 132 Elmdale Court</b> |  | Address |  |
|--|--|---------|--|

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| 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>Carcinoma of prostate, metastases</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>- ?</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                       |  |  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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<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>Aug 1, 1961</b> to <b>Oct 30, 1961</b> and last saw <b>him</b> alive on <b>Oct 30, 1961</b> .<br>Death occurred at <b>6:45</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

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| 22a. SIGNATURE<br><b>John G. Mumfley M.D.</b>              | (Degree or title)                | 22b. ADDRESS<br><b>5014 Thekla Av</b>                               | 22c. DATE SIGNED<br><b>10/31/61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Nov. 3, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>New Bethlehem Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |

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| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>11-2-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>John G. Mumfley M.D.</b> |
|---|---------|--|--|

**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 Clement McNeany

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.