

REC'D JUN 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19071

1. PLACE OF DEATH

County Osage Registration District No. 4216
Township Crawford Primary Registration District No. 3849
City 1 (No. 240) St. _____ Ward _____

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Dr. Ellis Fischel

(a) Residence, No. St. Louis, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Margaret K. Fischel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
54 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 13. NAME Washington C. Fischel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Mattha Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Dr. Walter Fischel (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE May 16 1938

19. UNDERTAKER Wagoner Und. Co. (ADDRESS) St. Louis Mo.

20. FILED May 5 1938 Ans. Dora Geth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14 1938 to _____ 19____

I last saw him _____ alive on _____ 19____. Death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
219

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 14 1938

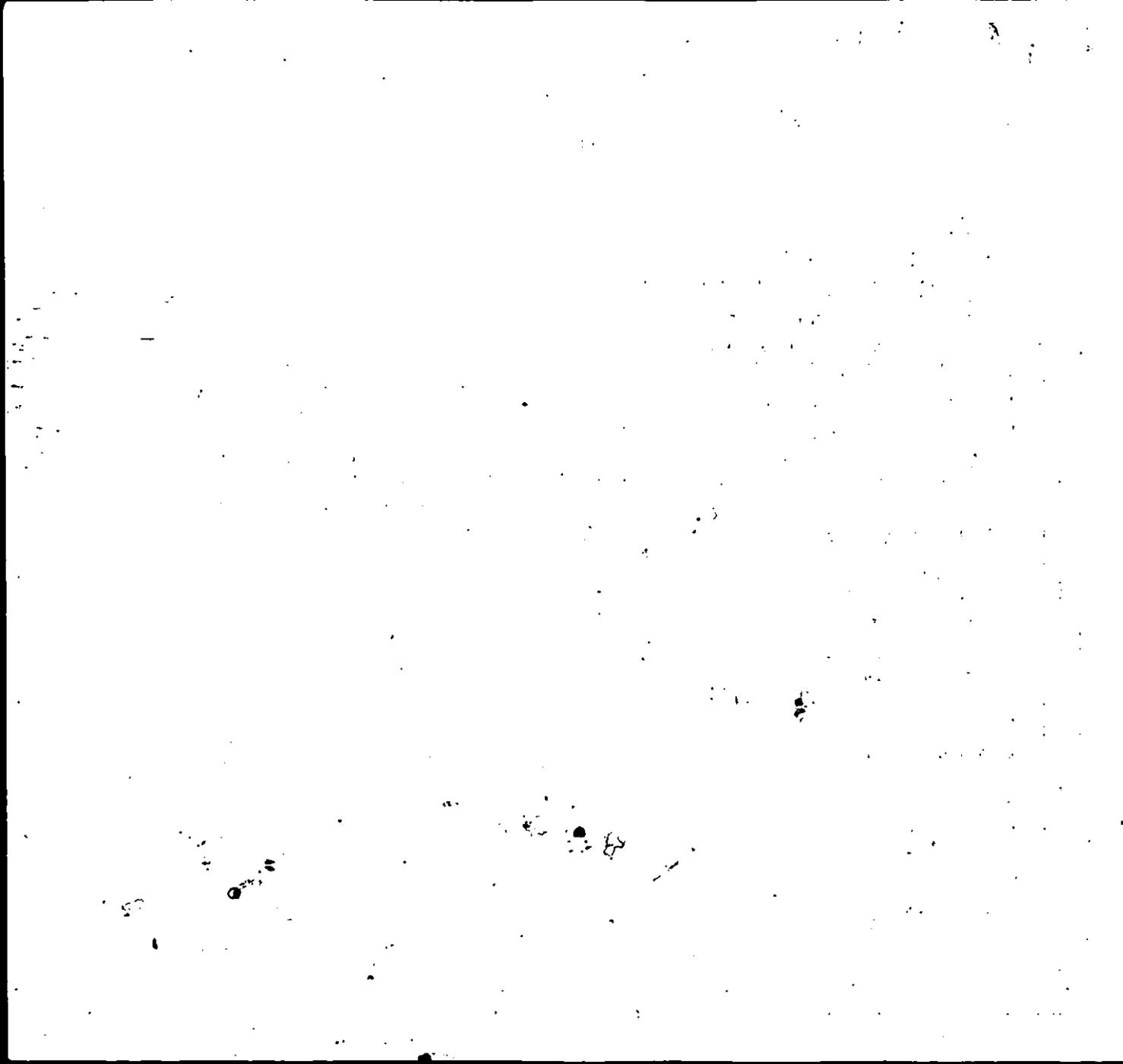
Where did injury occur? Usine Mo. Osage Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on highway 50

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signature) J. J. Radnacker (Address) Crowder Greuburg, Mo.



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 19071-
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

*Dr. Ellis Fischer -
St. Louis Mo.*

(a) Residence, No. _____ (Usual place of abode) _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on _____, 19____. Death is said to have occurred on the _____ as stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.....

*Ant Automobile accident -
collided with a
truck on highway -
while enroute to
Jefferson City Mo.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19____

Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-4 1938

Where did injury occur? Washburn Mo. Deage Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Public Highway

Manner of injury Auto + truck collision

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

210226
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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RELEASE TO GRACE CENTER, WASHINGTON

CONFIDENTIAL - SECURITY INFORMATION

DATE: 10/10/68

TO: DIRECTOR, FBI (100-442611)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of extremely faint and illegible text, likely a teletype or memorandum. The text is mostly lost due to the quality of the scan.]