

REC'D AUG 11 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1003

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4567a Carter Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Since Birth  
years, months or days)

3. (a) PRINT FULL NAME Fred H Wischmeyer 256

3. (b) If veteran, name war None 3. (c) Social Security No. 488-09-0567

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 58 years  
K Wischmeyer (Echterhoff)

7. Birth date of deceased December 2, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation Rent Collector

11. Industry or business \_\_\_\_\_

12. Name Casper H. Wischmeyer

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Diering

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lydia Wischmeyer  
 (b) Address 4567a Carter Ave.

17. (a) Burial (b) Date thereof July 25-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) JUL 24 1939 (b) J. B. Anderson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4567a Carter Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 1939 hour 8:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 15<sup>th</sup>  
1939 to July 22 1939;  
 that I last saw him alive on July 21 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Metastatic carcinoma (prostatic origin)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury B

23. Signature James J. Fisher (M. D. or other) Do.

Address 6201 Loton Date signed 7-24-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Samuel Hampton*.....  
Licensed Embalmer No. *2967*.....  
P. O. Address *2161 B. Fair*.....

**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 this body is not embalmed, above space should be left blank.**