

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36863  
State File No. \_\_\_\_\_  
Registrar's No. **9136**

Registration District No. **7911**

Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:  
(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:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community 45 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. 1131 Meyer Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME WILLIAM H. FISCHER  
(b) If veteran, name war no  
(c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day Now  
year 1940 hour 8 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov 1936  
Nov 4 to Nov 4, 1940

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie Fisher  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased May 9 1875  
(Month) (Day) (Year)

that I last saw him alive on Nov 4, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis

8. AGE: Years Months Days If less than one day  
65 5 25 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to Chronic nephritis  
Other conditions (Include pregnancy within 3 months of death) Chronic nephritis

9. Birthplace Stuttgart Germany  
(City, town, or county) (State or foreign country)  
10. Usual occupation tool and die maker

Major findings: Of operations none  
Of autopsy yes  
Duration 4 yrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Fischer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Schmidt  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. H. Fischer  
(b) Address 1131 Meyer Ave.

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? \_\_\_\_\_

17. (a) entombment (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Mausoleum

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

18. (a) Signature of funeral director Alexander Sons  
(b) Address 6175 Delmar Blvd.

23. Signature J. J. Hornum (M. D. or other) \_\_\_\_\_  
Address 4903 Delmar Date signed Nov 4/40

19. (a) NOV 6 1940 (b) J. J. Hornum  
(Date received local registrar) (Registrar's signature)

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

REP 11 1950

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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 Joseph E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6170 Pelmar St. Jamaica, N.Y.

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, fact should be so stated above.