

S. No. 2  
I-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23469**  
**5821**  
Registrar's No. \_\_\_\_\_

**FILED AUG 29 1941 7791**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
**4475 West Pine Blvd**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **Not known**  
years, months or days) **/**

3. (a) PRINT FULL NAME **William C. Fischer**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **493-05-6683**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Irene Fischer** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **October 14, 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55** **8** **28** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Staunton Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

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

12. Name **Paul H. Fischer**

13. Birthplace **Staunton Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Brass**

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

16. (a) Informant **Mrs Irene Fischer**  
(b) Address **4475 West Pine Blvd.**

17. (a) **Entombment** (b) Date thereof **7/15/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**

19. (a) **JUL 15 1941** (b) **J. J. Frederick**  
(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. **4475 West Pine Blvd**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**  
**1941** year hour **11:05** PM minute M.

21. I hereby certify that I attended the deceased from **Dec. 17** 19**40** to **July 12** 19**41**  
that I last saw him **alive** on **July 10** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of mandible** Duration **1 year**

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

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

Other conditions (Include pregnancy within 3 months of death)  
**Radical neck dissection**

Major findings: Of operations **Dr. 1940** OF PHYSICIAN **DR. C. J. Shannon**

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

23. Signature **J. J. Frederick** (M. D. or other) **MD**

Address **3720 W. Winifred** Date signed **7-14-41**

SEP 9 1943

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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 *William G. Buchholz*  
Licensed Embalmer No. *2110*  
P. O. Address *Ed. Lewis, Mo*

**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.**