. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40310

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10054

1. PLACE OF DEATH:

(a) County St Louis - Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5251 Natural Bridge Rd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.Louis

(c) City or town Normandy (If outside city or town limits, write "RURAL")

(d) Street No. 5332 Kirkland Drive. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank A. Fischer

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 489-10-3177

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amatora

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. (Month) 1 (Day) 1888 (Year)

8. AGE: Years 53 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Kirchgessner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Feldman
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Amatora Fischer

(b) Address 5332 Kirkland Dr.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Schumacher Chas Co.

(b) Address 3013 Meramec St.

19. (a) DEC 19 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1941 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion; Coronary Sclerosis;	
Due to Cardiac Hypertrophy.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Herry (M. D. or other)

Address Dugan Corona Date signed 12/19/41

(Licensed Embalmer's Statement on Reverse Side)

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 George N.Archambault, Registered Apprentice No. XXXXXX working under my personal supervision.

Signed George Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.