

X29484

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. **4327**
Registrar's No. **1369**

FILED MAR 17 1942 791

Registration District No. _____ Primary Registration District No. **1003**

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:
1948 Montgomery St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME William F. Fisbeck.

3. (b) If veteran, name war. No. 3. (c) Social Security No. None.

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

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

7. Birth date of deceased. October 2 1869.
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>10</u>hr.min.

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

10. Usual occupation Retired Fireman.

11. Industry or business.....
MOTHER FATHER { 12. Name Fred Fisbeck.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Louise Werner.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Adele Freeman.
(b) Address 11948 Montgomery St.

17. (a) Burial (b) Date thereof 2-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave

19. (a) FEB 13 1942 (b) J. F. Bredeek
(Date received from 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. 1948 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1942 hour 4:05 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Feb 12 1942
and that I last saw him alive on Feb 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Intervertebral Disc Disease
Due to..... 3 yr
Chronic Arthritis non-specific
Due to..... 3 yr
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations..... 97 d
Of autopsy..... A2
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) Means of injury.....
23. Signature J. F. Bredeek (M. D. or other) M.D.
Address 411 1/2 West Florissant Date signed 2/13/42

*Dr. M. J. ...
4114 W. ...
/ 2 - 2 P. m.*

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.