No. 2
—5-42
5-17-39
I · X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28710

Primary Registration District No. 1003

Registrar's No. 7792

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:
4224 College 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 4224 College Ave. 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1864 (Year)

8. AGE: Years 78 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Telephone Insulator

11. Industry or business Retired

FATHER
12. Name Fred
13. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. H. Fisbeck
(b) Address 4224 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 19 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1942 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 14th, 1942 to Sept. 18th, 1942
that I last saw him alive on Sept. 18th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 4

Due to Chron Endocarditis

Due to

Other conditions Chron Interstitial Nephritis 4
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131
Of autopsy 131

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 A. T. Vogler (M. D. ~~or other~~)
Address 4300 a N. 20th Date signed 9/18/42

(Licensed Embalmer's Statement on Reverse Side)

4244 W. Florissant
9 to 10 & 3 to 4

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address .....

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.