No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

26807

State File No.

Registrar's No. 1063

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: En route to hospital 3
(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: 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 423 Main
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Albert Fischer

3. (b) If veteran, name war: No

3. (c) Social Security No.: 488-22-6287

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: June (Month) 16 (Day) 1872 (Year)

8. AGE: Years 75 Months 2 Days 14 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Baker

11. Industry or business: Baking

MOTHER FATHER

12. Name: Luding Fischer

13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name: Louise Trefz

15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Mrs. M. E. Riemer

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 9-5-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1947 hour 2 minute 30, P.M.

21. I hereby certify that I attended the deceased from Aug 30th, 1947, to, 19..; that I last saw him alive on, 19..; and that death occurred on the date and hour stated above.

Viewed

Duration

Immediate cause of death: Coronary Thrombosis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of 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) 3

While at work? (e) Means of injury: 3

23. Signature: B. W. Tadlock (M. D. or Coroner)

Address: KING HILL BLDG St. Joseph, Mo. Date signed: 9/2/47

Jefferson City Printing Co.

(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 William Spalding, Registered Apprentice No. 28, working under my personal supervision.

Signed: Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3196 10th St Joseph, M

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.