

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43016**

FILED DEC 31 1947 **318**

Registration District No. _____

Primary Registration District No. _____

1002

Registrar's No. _____

11664

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:
St. Anthony Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Minutes,
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3620 Minnesota Ave.,
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Infant Fischer,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female, 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 December 22, 1947.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> hr. <u>20</u> min.

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

10. Usual occupation Infant,

11. Industry or business _____

MOTHER FATHER

12. Name Frank M. Fischer,

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

14. Maiden name Clara A. Bergfeld,

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

16. (a) Informant Frank M. Fischer,

(b) Address 3620 Minnesota Ave.,

17. (a) Burial, (b) Date thereof 12/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
2842 Meramec St.,

(b) Address DEC 22 1947

19. (a) J. F. Brodack (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd.
year 1947 hour 12: minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 22
12:10 am, 1947, to Dec 22-12:30 am 47
that I last saw him alive on Dec 22 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Erythroblastosis fetalis
(hydrops type)

Duration
from birth.

Due to _____

Due to 1/6/48

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

Major findings: Of operations none

Of autopsy as above

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) no

(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 W. H. Kavan (M. D. or other) 0

Address 3804 Wilmingonka Date signed 12/22/47

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

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

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.