FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 97

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21683

Registrar's No. 1525

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: Sunset Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ballwin Rd. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Annie Fischbeck

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife F. William Fischbeck

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

7. Birth date of deceased Aug. (Month) 20, (Day) 1860 (Year)

8. AGE: Years 87 Months 9 Days 27 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife (Retired)

11. Industry or business Own home,

FATHER
12. Name Frank Dependahl,
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Charlotte Klein,
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Edw. Fischbeck,
(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 6-19-48 (Date received local registrar) (b) [signature] (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1948 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 17, 1948, that I last saw her alive on June 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to Arteriosclerosis	
Due to 43	
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 0

23. Signature B.R. Loving (M. D. or other) MD

Address Ballwin, Mo. Date signed 6-18-48

(Licensed Embalmer's Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Bellwin, Mo

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

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