

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34123  
8653  
Registrar's No.

FILED OCT 18 1948 318  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2733a Wyoming St.  
(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

3. (a) PRINT FULL NAME Anton J. Fischer Sr.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased May 14, 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bunker Hill Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery & Meat

12. Name Jacob Fischer

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

14. Maiden name Swann

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

16. (a) Informant Anton J. Fischer Jr.

(b) Address R.R. 2, Kinmswick, Mo.

17. (a) Burial (b) Date thereof 10/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) \* Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.

(b) Address 2630 Gravois Ave.

19. (a) OCT 4 1948 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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")  
(d) Street No. 2733A Wyoming St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3,  
year 1948 hour 10:05 minute P M.

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

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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)  
(c) Means of injury 3  
23. Signature Patricia Taylor, Dep. Cor.  
Address 1300 Clark Date signed 10-1-48

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

300  
47  
39  
3908

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**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.....

*Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Ave.

**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.**