

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28180**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7052**

1. PLACE OF DEATH a. COUNTY 5600-Arsenal-St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 8Yrs, 3Mos		d. STREET ADDRESS (If rural, give location) 1421 Clara	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		e. STREET ADDRESS 6	

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) _____ c. (Last) Fischer			4. DATE OF DEATH (Month) (Day) (Year) August 19, 1950.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	
8. DATE OF BIRTH April 15, 1895		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Philip Stein		13b. MOTHER'S MAIDEN NAME Minnie Hamberger		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Feeney ADDRESS 1397 Clara Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition		DUPLICATE OF (b) Coronary Artery Disease			1944 plus	
DUPLICATE OF (c) Mental and physical deterioration					1949 plus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 309X			

22. I hereby certify that I attended the deceased from **Sept 25, 1947**, to **Aug. 29, 1950**, that I last saw the deceased alive on **Aug. 29, 1950**, and that death occurred at **12:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Palmer Bruce Bowditch (Degree or title) M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 8-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/1950		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona	
24d. LOCATION (City, town, or county) (State) University City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson Ave.			
DATE REC'D BY LOCAL REG. AUG 20 1950		REGISTRAR'S SIGNATURE G. J. Lasater			

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

22001

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 _____

working under my personal supervision.

Student Embalmer No.

Signed James J. Ruden

Signed.....
Student Embalmer

Licensed Embalmer No. 4339

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.