No. 300
10-48

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38477

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9146

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission).
a. STATE Indiana b. COUNTY Gibson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Princeton 8130
d. STREET ADDRESS (If rural, give location) 1225 South Gibson

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) ~~Fischer~~ Fisher

4. DATE OF DEATH (Month) (Day) (Year) October 27, 1950

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 7th 1889
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Repairer Carman
10b. KIND OF BUSINESS OR INDUSTRY Southern Ry
11. BIRTHPLACE (State or foreign country) Princeton Indiana ALISON? TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. F. Fisher
13b. MOTHER'S MAIDEN NAME ANNA WILSON ~~Elizabeth Wilson~~
14. NAME OF HUSBAND OR WIFE MAUD AUGUSTA COLON FISHER ~~Maud Fisher~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 704-18-5397
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME John P. Cange 2218 State St. St. Louis Ill. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential hypertension — INTERVAL BETWEEN ONSET AND DEATH: Sev. yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Hdy X

22. *I hereby certify that I attended the deceased from* Oct. 4, 1950, *to* Oct. 27, 1950, *that I last saw the deceased alive on* Oct. 27, 1950, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley (Degree or title) M D.
23b. ADDRESS BARNES, HOSPITAL
23c. DATE SIGNED 10/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-27-50
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Princeton Gibson Ind

DATE REC'D BY LOCAL REG. OCT 27 1950
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Geo W. Brichler Jr. E. St. Louis Ill. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Coll. by all. June 29, 1951

VS JUN 23 1961

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 me

working under my personal supervision.

Student Embalmer No.....

Signed B. H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address St. Louis 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.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 394 77 50
Local Registrar's No. 9146

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Charles T. Fischer died/~~born~~ 10-27-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Charles T. Fisher
Instead of Fischer

Item No. 10 should read Railway Carman
Instead of Car Repairer

Item No. 11 should read Apison, Tenn.
Instead of Princeton, Ind.

Item No. 13a should read I.F.Fisher
Instead of

Item No. 13b should read ~~Elizabeth~~ Anna Wilson
Instead of

Item No. 14 should read Maud Augusta Colon-Fisher
Instead of

Item No. 16 should read 704-18-5397
Instead of

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John P. Lange
Geo. W. Brickler Jr.
E.ST.Louis, Ill
Present Address.

Fun Dir.
Relationship.

Subscribed and sworn to before me this 8 day of May, 1947.

My Commission expires 3-4-53

Edal Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
X37817