

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 29 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 625

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3509 St. Louis, Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Council Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-28-1869</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Joseph Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Heloh Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard Fischer Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Berhorst 3509 St. Louis, Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Infirmities-following</u> ANTECEDENT CAUSES <u>injury- to rt. hip</u> <u>Fall in shower</u> DUE TO (b) <u>Myo-carditis- extreme pressure</u> DUE TO (c) <u>from heart to left lung.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>All on entrance</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Portal Block</u> <u>Plural effusion.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9037
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) <u>44</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-8-</u> , 19 <u>52</u> to <u>3-9-</u> , 19 <u>52</u> that I last saw the deceased alive on <u>3-9-</u> , 19 <u>52</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Hubert B. Donke</u> (Degree or title) <u>0</u>			23b. ADDRESS <u>3734- Jennings Road.</u>		23c. DATE SIGNED <u>3/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-13-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donke MDG</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Woodhart-Goodhart 2228 St. Louis, Ave</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines
Licensed Embalmer No. 4108
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.