

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**13976**

State File No. ....

No. 300  
10.48

**FILED APR 21 1952**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 121

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	
c. LENGTH OF STAY (in this place) <u>5 Mos. 4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>JOHN</u> c. (Last) <u>FISCHER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 4, 1952</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>April 15, 1898</u>	<b>9. AGE</b> (In years last birthday) <u>53</u>	<b>IF UNDER 1 YEAR</b> <u>11</u> Months <u>19</u> Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None - only minor tasks.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Washington, Missouri</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Henry Fischer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Sullentrop</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Records, State Hospital No. 4, Farmington, Mo.</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage - - - - -</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Abt. 24 hrs.</u>
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Psychosis with mental deficiency.</u>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	

<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>331X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** April 3, 1952 to April 4, 1952 **that I last saw the deceased alive on** April 4, 1952 **and that death occurred at** 8:45P m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>John A. Brennan MD</u>		<b>23b. ADDRESS</b> <u>State Hospital No. 4, Farmington, Mo. 4-5-52</u>		<b>23c. DATE SIGNED</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Apr. 8, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Francis Borgia Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Washington, Mo.</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>Apr. 5, 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ether Rudloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Otto &amp; Co. Funeral Home,</u>		<b>ADDRESS</b> <u>Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben C. Dugal .....

Licensed Embalmer No. 470 .....

P. O. Address Farmington 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.