

33798

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>2547</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. LENGTH OF STAY (In this place) <u>10 YEARS</u>		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		d. STREET ADDRESS (If rural, give location) <u>7346 Morganford Rd.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7436 Morganford Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>7346 Morganford Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u> b. (Middle) <u>A.</u> c. (Last) <u>FISCHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 19, 1892</u>	9. AGE (In years last birthday) <u>60</u> If under 1 year: Months <u>8</u> Days <u>14</u> If under 24 hours: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Schaper</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Westhause</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Fischer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Fischer, 7346 Morganford Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>h.c. dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic cardiac, vascular disease</u> DUE TO (c) <u>442X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>several years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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?	
22. I hereby certify that I attended the deceased from <u>10-1</u> , 19 <u>52</u> , to <u>10-3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/3</u> , 19 <u>52</u> , and that death occurred at <u>2:24 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Erwin D. Crutcher M.D.</u>		23b. ADDRESS <u>752 Leavenworth Rd.</u>	23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burgess Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Antonia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-6-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Funeral Home, 2301 Lafayette</u>

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

327

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

No. 300

10-48

OCT 11 1952

Dr. Cuccellina

752 KEMMAY - CO. 2229

11-1:30 SAT.

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 James R. Chapman
Licensed Embalmer No. 4550

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.