

XC 3 958 145
Reg. 110,942

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34617**

BIRTH NO. **FILED OCT 2 - 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2424**

4000
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN JEFF. BRKS. MO.		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. STREET ADDRESS (If rural, give location) 3620 MINNESOTA	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) M.	
c. (Last) FISCHER		4. DATE OF DEATH (Month) (Day) (Year) 9/11/53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/23/11
9. AGE (In years last birthday) 41 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) POST OFFICE CLERK	
10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL		11. BIRTHPLACE (City and State or Foreign Country) BREESE, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANK FISCHER	
13b. MOTHER'S MAIDEN NAME THERESA SCHRAGE		14. NAME OF HUSBAND OR WIFE CLARA A. FISCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKINS DISEASE		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Yrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	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 5/26 , 1953 , to 9/11 , 1953 , that he died on the 11th day of September , 1953 , and that death occurred at 7:05 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Robert C. Hoppe (Degree or title) M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 9/11/53
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 9/14/53	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. 9/12/53	REGISTRAR'S SIGNATURE Hebert S. Amick MD	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary 2842 Meramec St. ADDRESS St. Louis 18 Missouri	

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, ~~XXX~~, Student Embalmer No. working under my personal supervision..

Student,
Signature of Student Embalmer

Signed
Joe B Benz

Licensed Embalmer No. 41249

P. O. Address 2842 Meramec S
St. Louis 18 Mi

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.