

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

2765

State File No.

FILED FEB 2 1954

1003

Registrar's No. **0561**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) (Specify township) Lifetime		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city and incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4126a N. 20th Street		e. STREET ADDRESS (If rural, give location) 4126a N. 20th Street	

3. NAME OF DECEASED a. (First) TILLIE b. (Middle) K. c. (Last) FISC HLE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign-Country) St. Louis, MO
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lagemann		13b. MOTHER'S MAIDEN NAME Katherine Mueller		14. NAME OF HUSBAND OR WIFE Joseph Fischle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Fischle 4126a N. 20th Street	

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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with DUE TO (c) Myocardial strain 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)	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? 4343x

22. I hereby certify that I attended the deceased from Oct 25, 1953, to Jan 18, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 12:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles M. Mellie D.O.	23b. ADDRESS 3823 N. 20th	23c. DATE SIGNED 1/18/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-21-54	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis County MO

DATE REC'D BY LOCAL REG. JAN 19 1954	REGISTRAR'S SIGNATURE Charles Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S UEDMEYER & SON'S 3934 N. 20th Street
---	---	--

(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.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*.....

Licensed Embalmer No. *43*
P. O. Address *St. Louis*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.**