

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20458**  
**4467**

FILED JUL 1 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> <b>4161</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) <b>29</b> Years		c. CITY OR TOWN <b>Pine Lawn</b> <b>16</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>De Paul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3461 Oakdale Avenue, 20,</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>CARL</b> c. (Last) <b>FISCHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 17th, 1954</b>			
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24th, 1889</b>	9. AGE (In years last birthday) <b>65</b> # UNDER: YEAR Days # UNDER: YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpentering</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Highland, Illinois</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Fischer</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schaerer</b>		
13c. NAME OF HUSBAND OR WIFE <b>Mildred Fischer nee Barnes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War #1</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Fischer, 3461 Oakdale Avenue, 20,</b>		17. ADDRESS		17. ADDRESS		
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) <b>Pulmonary embolism</b> Fracture of Left Femur; suffered in fall from rafters to floor below while working out project at Ferguson, Missouri, about 400 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>May 5 1954 Accident</b>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Project</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ferguson Mo.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 5 54 4:00 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>126 E9028</b>		
22. I hereby certify that I attended the deceased from <b>5</b> , 19 <b>54</b> , to <b>19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>19</b> , 19 <b>54</b> , and that death occurred at <b>9:25</b> p.m., from the causes and on the date stated above. <b>6</b>						
23a. SIGNATURE <b>Patrick Taylor Carner</b> (Degree or title)			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-19-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 19 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		FEDERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b> ADDRESS <b>4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 200  
10-48

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 *John A. Melina*

Licensed Embalmer No. *4186*

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