S. No. 300
r. 10-48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44311

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2899

1000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay Mo.
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lemay Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Co. Mehlville 4880
d. STREET ADDRESS (If rural, give location) Box 619 Route 9 Mehlville

3. NAME OF DECEASED (Type or Print)
a. (First) Otto
b. (Middle) Robert
c. (Last) Fischer

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15 1954

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Mar. 27 1882
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Officer
10b. KIND OF BUSINESS OR INDUSTRY Police
11. BIRTHPLACE (State or foreign country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Fischer
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Frieda Fischer

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. no.
17. INFORMANT'S SIGNATURE OR NAME Frieda Fischer Mehlville ADDRESS Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach Primary — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Metastasis generalized
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 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1954, *to* Dec 15, 1954, *that I last saw the deceased alive on* Dec 15, 1954, *and that death occurred at* 4 45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Mitchel L. Bartnick (Degree or title) M.D.
23b. ADDRESS 7629 So. Broadway
23c. DATE SIGNED 12/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-18-54
24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Pk.
24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL REG. 12-17-54
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Witt Brook & Wilco. 2929 S. Jefferson Av. ADDRESS

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52 (Licensed Embalmer's Statement on Reverse Side)

7629

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 D. M. Davis

Licensed Embalmer No. 3241

P. O. Address 2929 No. Jefferson Av

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.