

FILED AUG 7 26 1955

REG # 9555

SL # 6376

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

23711

5943

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. CITY (If outside corporate limits, write RURAL and give town) <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>7 5386A UNION</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EDWARD</b>		b. (Middle) <b>JOHN</b>			
		c. (Last) <b>FISCHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-9-55</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>MARRIED</b>			
8. DATE OF BIRTH <b>5-8-89</b>		9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HENRY FISCHER</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE KRAFT</b>			
		14. NAME OF HUSBAND OR WIFE <b>ELSIE FISCHER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>			
		16. SOCIAL SECURITY NO. <b>498 07 2269</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>			
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) <b>Acute Tubercular Mediastinitis</b> <b>Tubercular Bronchitis</b>  ANTECEDENT CAUSES <b>Chronic Pulmonary Tuberculosis</b> <b>Active</b> DUE TO (b) <b>Long Standing/Chronic Pulmonary Tuberculosis</b> <b>Active</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>002X</b>		22. I hereby certify that I attended the deceased from <b>7-5-55</b> , 19___, to <b>7-9-55</b> , 19___, <del>and that death occurred on 7-9-55, 19___, at 9:20 A. m., from the causes and on the date stated above.</del>					
23a. SIGNATURE <b>Herbert K. N. Luke</b> (Degree or title)		23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>7-9-55</b>			
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>7/12/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks, Mo.,</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edwards</b>		ADDRESS <b>5411 S. Grand</b>			
DATE REC'D BY LOCAL REG. <b>JUL 11 1955</b>		REGISTRAR'S SIGNATURE <b>Edwards</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edwards</b>			

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 *Ronald O. Yahubke*.....

Licensed Embalmer No. *391*

P. O. Address *St. Louis*.....

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.