

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6177

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1151

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 3364 Oxford Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RUDOLPH c. (Last) FISLER		4. DATE OF DEATH (Month) (Day) (Year) February 3, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 24, 1882	
9. AGE (In years last birthday) 74		10. MONTH (Day) (Year) 8 (9)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Leather Consultant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John George Fisler		13b. MOTHER'S MAIDEN NAME Katherine Fischer	
14. NAME OF HUSBAND OR WIFE Elizabeth E. Trefts			
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. 493-09-7905	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth E. Trefts		ADDRESS 3364 Oxford Ave.	
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) Esophageal Hemorrhage ANTECEDENT CAUSES Carcinoma of Esophagus Morbidity 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. Early cachexia 150X	
INTERVAL BETWEEN ONSET AND DEATH 15 mos. 1 yr. 3 mos.			
19a. DATE OF OPERATION 1-11-57		19b. MAJOR FINDINGS OF OPERATION Palliative Gastrostomy for Feeding	
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?			
22. I hereby certify that I attended the deceased from April, 1939, to Feb. 3, 1957, that I last saw the deceased alive on Feb 3, 1957, and that death occurred at 6:05 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Koch M.D.		23b. ADDRESS 3108 S. Grand	
23c. DATE SIGNED Feb. 4, '57			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 5, 1957	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 5 1957 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.,	

(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.....
Fred J. Larmer
Licensed Embalmer No. 478
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.