FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33490

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8911

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Luke's Hosp. — Length of stay in 1b 18days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Fenton 4000 — Inside Limits Yes X No ☐
27 STREET ADDRESS Flora Del Dr. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Irene Middle: Johanna Last: Fischer
4. DATE OF DEATH Month: Sept. Day: 23 Year: 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 31, 1895
9. AGE (In years last birthday) 62 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adolph Noss
14. MOTHER'S MAIDEN NAME Molly Schoener
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Wm.B. Fischer, Flora Del Dr., Fento (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Amyloidosis — 4 years
DUE TO (c) Chr. Pul. Disease — 26 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Renal insufficiency 2891
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/20/57 to Sept 23 1957 and last saw her alive on 9/23/57
Death occurred at 8:42 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. Ciampa (Degree or title) M.D.
22b. ADDRESS 114 E. Lockwood
22c. DATE SIGNED 9/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/25/57
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. SEP 23 57
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. L.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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