

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006179
State File No.

FILED MAR 11 1958

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Rock Creek Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rock Creek Road (HOUST SPRINGS RR)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aloysius</u> b. (Middle) <u>FRED</u> c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 58</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 10 - 1910</u>	9. AGE (in years last birthday) <u>48</u>	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) <u>Meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail market</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Anton Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Schmid</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Fischer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-01-6007</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Fischer House Springs Mo</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>Meramec Jeff. Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/10/58 9:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Inquest, 1958, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel C. Dehn M.C. Crown</u>		23b. ADDRESS <u>Fenton, Mo</u>		23c. DATE SIGNED <u>2/16/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-18-58</u>	REGISTRAR'S SIGNATURE <u>Adelbert Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken Mortuary 2630 Gravois Ave.</u>		

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 4 1958

MAR 11 1958

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..... *Homer W. Jantz*

Licensed Embalmer No. *388*

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.