

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041540

STATE FILE NUMBER 10489

FILED NOV. 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10489

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-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maplewood 4344
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in lb 2 wks	d. STREET ADDRESS (If outside, give location) 27 7639 Marion Ct.

3. NAME OF DECEASED (Type or print) First Middle Last Sophia B. Fischer			4. DATE OF DEATH Month Day Year Nov. 1st. 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-25-1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and state or country) ST. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Louis Rudolph		13b. MOTHER'S MAIDEN NAME BENDER	14. NAME OF HUSBAND OR WIFE Edward L 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. NONE	17. INFORMANT Irene-Bienmiller-Fenton Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer body & Cervix ut.		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Few Month
	DUE TO (c) Hemorrhage - from ut - 17ix	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a))		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1932 to Nov 1- and last saw her alive on Nov 1-58 Death occurred at 6 p m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Chorw Miller M.D.	22b. ADDRESS 408 Humboldt		22c. DATE SIGNED Nov 58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-3-58	23c. NAME OF CEMETERY OR CREMATORY ST. PAULS Church YARD	23d. LOCATION (City, town, or county) ST. Louis Co	(State) Mo
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24. FUNERAL DIRECTOR JAY. B. SMITH. MAPLEWOOD MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 3 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.
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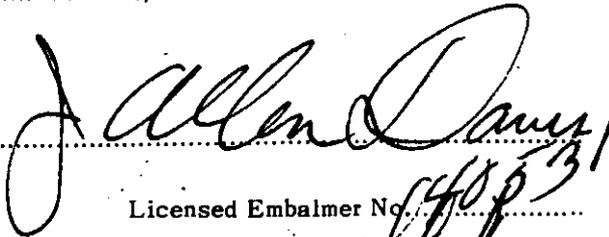
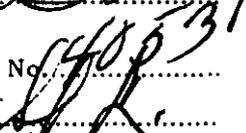
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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  .....  
Licensed Embalmer No.  .....  
P. O. Address .....

**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.**