96

MAY 2 1929

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12235

1. PLACE OF DEATH
County Richmond Ht Mo. Registration District No. 1170
Township St Louis Co. Primary Registration District No. 6284H
City St Louis Co. (No. St Mary's Hospital St. Ward)

File No.
Registered No. 64

2. FULL NAME Amy V. Fuchs
(a) Residence. No. 6125 Roberts Ave St., Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Alfred L Fuchs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

PARENTS

10. NAME OF FATHER John T. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
12. MAIDEN NAME OF MOTHER Anna O Hambleton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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14. INFORMANT Alfred L Fuchs
(Address) 6125 Roberts Ave.

15. FILED MAR 5 1929 3/5/29 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1929

17. I HEREBY CERTIFY, That I attended deceased from March 2nd 1929, to March 4th 1929 that I last saw her alive on March 4-1929, 19..., and that death occurred, on the date stated above, at 2 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59

Lobar Pneumonia

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) C H Wilcox, M. D
March 4th 1929 (Address) 3201 Ivanhoe ave. St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cemetery
DATE OF BURIAL: March 6 1929

20. UNDERTAKER: Kruyshauser Und Co
ADDRESS: 4104 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3255 Avenue.