Co 4071

FEB 21 '35

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

Do not use this space.

2529

File No. 113

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Edward L. Fuchs

(a) Residence, No. 5807 Riverview Blvd St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 - 1933

7. AGE: Years —; Months 3; Days 29; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Edw Fuchs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER

15. MAIDEN NAME Cora Siebeking

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miscouah Ill

17. INFORMANT Edward L. Fuchs
(ADDRESS) 5807 Riverview Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cmetry DATE Jan 4 1935

19. UNDERTAKER Gramsching Und Co
(ADDRESS) 4740 St. Louis Ave

20. FILED Jan 3 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-18-34, to 1-2-35, 19..

I last saw him alive on 12-28-34, 19.. Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TB	
Pneumococcus	
Pneumonia	
Empyema	

Other conditions contributing to death but not related to the principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward L. Frey, M. D.

(Address) 6212 Delmar Blvd

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

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.