

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
1008
Township..... Primary Registration District No.
City **St. Louis** (No. **14054**, **North Broadway** St. **4132** Ward)

2. FULL NAME

(a) Residence, No. **4054 North Broadway** 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode) (Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa R. Fuchs (Belk)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1867		
7. AGE YEARS 67	MONTHS 2	DAYS 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
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 Mo		
13. NAME John Fuchs		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Hot Knauer		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Miss Louisa C. Fuchs 4054 North Broadway		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Apr. 20, 1934		
19. UNDERTAKER (ADDRESS) Walter Hermann and Son 3161 East Main Ave		
20. FILED APR 23 1934 19 J. H. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 12, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1, 1934** to **4/12/34**, 1934
I last saw him alive on **4/19**, 1934 Death is said to have occurred on the date stated above, at **10:20 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma Buccae mucosa with metastases to cervical glands. Date of onset **4/31/34**

Other contributory causes of importance:
45 **53**

Name of operation..... Date of.....
What test confirmed diagnosis? **Micro**... Was there an autopsy? **No**

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?..... (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) **J. Brown**, M. D.
(Address) **260 Metropolitan Bldg**

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.

