

**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**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3913**)

St. **Ward** (Ward)

2. FULL NAME

(a) Residence, No. **1700**
(Usual place of abode)

Ward. **Manchester**

Length of residence in city or town where death occurred **47** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

File No. **22257**

Registered No. **5033**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/18/34**

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

22. I HEREBY CERTIFY, That I attended deceased from **6/17/34** to **6/18/34**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15 - 1874**

I last saw **her** alive on **6/18/34**. Death is said to have occurred on the date stated above, at **8:25** a.m.

7. AGE YEARS **59** MONTHS **11** DAYS **3** IF LESS than 1 day, hrs. or min.

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

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

Chronic Cholecystitis with gall-stones

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

1370
Acute Pyelonephritis

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

11. Total time (years) spent in this occupation

Other contributory causes of importance: **133**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER FATHER 13. NAME **Adolph Fuchs**

Name of operation **Cholecystomy** Date of **6/17/34**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

What test confirmed diagnosis? Was there an autopsy? **yes**

MOTHER 15. MAIDEN NAME **Luise Fuchs**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) **W. J. Fuchs**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter's Church** DATE **6-20-34**

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) **Frie Gshausen**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED **LN 19 1934** **J. Bredeck** Registrar

(Signed) **J. J. Jones**, M. D. (Address)

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.

WHITE EXAMINER WITH ONWARDING INK—THIS IS A PERMANENT RECORD

