

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.

JAN 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township University Primary Registration District No. 4470
City University (No. 640, Passar)

File No. 45394
Registered No. 136 St. _____ Ward _____

2. FULL NAME

Gladys Alexander Fuchs

(a) Residence, No. 640 Passar St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ralph F. Fuchs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 1899</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Marthasville Mo.</u>		
FATHER	13. NAME <u>William J. Alexander</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thornburg Ontario, Canada</u>	
MOTHER	15. MAIDEN NAME <u>Emma Staudinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marthasville Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ralph F. Fuchs 640 Passar</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>No. Crematory</u> DATE <u>12-4</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>With Bros. & Co. 2929 S. Jefferson</u>		
20. FILED <u>Dec. 3</u> , 19 <u>34</u> <u>Lomb V. Moeller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934, to Dec 2, 1934.
I last saw her alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of sigmoid about 1931
Other contributory causes of importance:
Colostomy
Name of operation Colostomy Date of 1/32
What test confirmed diagnosis? Cispy 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? _____ (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) A. H. Morse, M. D.
(Address) 205-9 University Club

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