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

Do not use this space.

27436

1. PLACE OF DEATH Sep 8 1935
County St. Louis Registration District No. 785 File No.
Township Bonhomme Primary Registration District No. 603b Registered No. 152
City Brackenridge (No. Big Bend Rd & Holmes Ave. Ward)

2. FULL NAME Samuel Fuchs
(a) Residence, No. Big Bend Rd & Holmes Ave 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: 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: Emma Fuchs (Philipp)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1874
7. AGE: Years 60 Months 10 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tanner
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): Austria

FATHER
13. NAME: Frank Fuchs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT: Mrs. Emma Fuchs
(ADDRESS) Big Bend Road & Holmes Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredsp DATE Sept. 3 1935
19. UNDERTAKER: Math Hermann & Son
(ADDRESS) 2161 East Fair Ave.
20. FILED 9/2/35 Agnes C. Kelly
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935, to Aug. 31, 1935
(last saw h... alive on Aug. 31, 1935) Death is said to have occurred on the date stated above, at 12:45 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Esophagus with Generalized Arteriosclerosis | ? |

Other contributory causes of importance: No

Name of operation Date of
What test confirmed diagnosis? X-Ray 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) Chas. F. Hoffner M. D., M. D.
(Address) 3805 So Broadway

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