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

Do not use this space.

JUL 8 - 1937

791

21966

1003

5718

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 21966

Township ..... Primary Registration District No. 1003 ..... Registered No. 5718

City St. Louis (No. 5507 Bishop Ave. St. ..... Ward)

2. FULL NAME Maria Fuchs

(a) Residence, No. 5507 ~~Bishop~~ Bischoff Ave. St., 13 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1866

7. AGE: Years 70 | Months 9 | Days 25 | 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. Housewife

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) Germany

FATHER

13. NAME Unknown Hoppe

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Margaret Mueller (ADDRESS) 5507 Bishop Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Com DATE 6-12 1937

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED JUN 10 1937 Registrar. J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to June 9, 1937

I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

	Date of onset
Chronic Myocarditis - paralysis	4-10-37
Nephritis Chronic	
Paralysis due to Cerebral Hemorrhage	

Other contributory causes of importance:

General run down condition

Name of operation none Date of .....

What test confirmed diagnosis? ..... 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) G. A. Schmucker, M. D.

(Address) 502 N. Taylor ave

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.

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Mr G.A. Schmucker
502 N Taylor
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