

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.

JUL 5

938 REC'D AUG 9 1938

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

26472  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis  
(b) Township Bonhomme  
(c) City Kirkwood Mo.  
(e) Length of residence in city or town where death occurred yrs. mos. ds.  
2. PRINT FULL NAME Anna G. Fuszner  
(a) Residence, No. 917 Simmons Ave St.  Kirkwood Mo.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Fuszner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 8 22  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
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) Missouri  
13. NAME Martin Zimmermann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Schultz  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Joseph Fuszner  
917 Simmons Ave Kirkwood Mo.  
18. BURIAL, CREMATION, OR REMOVAL St. Josephs Cem DATE 7/6  
Manchester Mo.  
19. FUNERAL DIRECTOR (ADDRESS) Louisa V. Bapp  
131 W. Argonne Dr Kirkwood Mo  
20. FILED JUL-5 1938  
W. Meyer  
125 E. Adams St. Kirkwood

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 1st 1938, to July 3rd 1938  
I last saw him alive on July 2nd 1938 Death is said to have occurred on the date stated above, at 7:50pm.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage July 1  
95 B &  
Other contributory causes of importance:  
Valvular disease of heart 1935  
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?  
If so, specify \_\_\_\_\_  
(Signed) Harry Dionyzus, M. D.  
(Address) 125 E. Adams St. Kirkwood

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John M. Meyer

Licensed Embalmer No. 3288

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license!)**