

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30196
Registrar's No. 1528

Register District No. 700

Primary Registration District No. 200

1. PLACE OF DEATH: 2
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: 707 Regina Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
(Specify whether in this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 1
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 707 Regina Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME ROSA E. FUCHS 2011
(b) If veteran, name war none
(c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife John A. Fuchs
(c) Age of husband or wife if alive 77 years
7. Birth date of deceased December 24, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month August day 26
year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from August 26 1939
to August 26 1939
that I last saw her alive on August 26 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 8 2 _____ hr. _____ min.

Immediate cause of death Coronary Occlusion Sudden
Due to Heart Disease
Due to Kidney Disease
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations No 95% 2
Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business _____
12. Name John Mathews
13. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER
16. (a) Informant's own signature John A. Fuchs
(b) Address 707 Regina, Lemay, Mo.
17. (a) Burial (b) Date thereof Aug. 30, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul Cem.
18. (a) Signature of funeral director W. Hoffmeister No. 2 L. 6
(b) Address 7314 S. Broadway, St. Louis, Mo.
19. (a) AUG 29 1939 (b) W. Hoffmeister
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury Joseph Backlat
28. Signature Joseph Backlat (M. D. or _____)
Address 4700 Travis Date signed 8/28/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2420

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.