

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791 STANDARD CERTIFICATE OF DEATH

State File No.

34523

Registration District No.

1003

Primary Registration District No.

Registrar's No.

9061

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Anthony /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo
(Specify whether ?) (Specify whether ?)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Mathilda Fuchs 200

8. (b) If veteran, name war

--

8. (c) Social Security No. --

4. Sex

female

5. Color of race

White

6. (a) Single, widowed, married, divorced

widowed

6. (b) Name of husband or wife

Simon Fuchs

6. (c) Age of husband or wife if alive

8 1878

7. Birth date of deceased

May

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

61

5

14

hr. min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

housework

11. Industry or business

at home

MOTHER FATHER

12. Name

Peter Meyer

13. Birthplace

Mo.

14. Maiden name

Mary Linder

15. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Joe Fuchs

(b) Address

St. Louis Co., Mo.

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof

Oct 25/39

(Month) (Day) (Year)

(c) Place: burial or cremation

Mattese, Mo.

18. (a) Signature of funeral director

Fendler Und. Co.

(b) Address

7420 Michigan Ave

19. (a)

OCT 24 1939

(Date received local registrar)

(b)

J. F. Fendler

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Weiss Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1939 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by right leg cutting the carotid arteries, suffocation in bed at New Home 309 Weiss Ave. June 10, 1939 about 11:00 PM

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 10 1939
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify name of place) (e) Means of injury strangulated

23. Signature Joseph M. Quinn (M. D. or other) _____

Address Deputy Coroner signed _____

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 _____

Olevis E. Fendler, Registered Apprentice No. 186
working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis, Mo

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.