

DEC 17 1939

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **2**
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3717 Oregon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State Missouri (b) County _____
(c) City or town St. Louis **24**
(If outside city or town limits, write "RURAL")
(d) Street No. 3717 Oregon
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Martha Fuchs **251**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edmund Fuchs 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 15th, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 9th
year 1939 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug. 14, 39
to Nov. 9, 1939
that I last saw her alive on Nov. 9, 1939
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Cancer with
generalized metastases **55**
Primary site unknown **months**
Due to _____
Due to _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Household

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

11. Industry or business 6
12. Name Ernst Rode
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emilie Schuetz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations **53**
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Emilie Hoffmann
(b) Address 3717 Oregon
17. (a) Burial (b) Date thereof 11-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director Bendwin's funeral Home
(b) Address 1936 St. Louis Avenue
19. (a) NOV 10 1939 (b) J. F. Beduch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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?
While at work? 9 (Specify type of place) (e) Means of injury _____
23. Signature George E. Row (M. D. or other)
Address 3615 In Grand Date signed 11-10-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1951

Mr. Geo Bass

2-4
3615 S Grand

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 Julius J. Krupin

Licensed Embalmer No. 3497

P. O. Address. 1936 St. Louis

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.