

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33508**

NOV 16 1940 791

Registration District No.

Primary Registration District No.

Registrar's No. **8205**

1. PLACE OF DEATH:

(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:
1019 Emmett St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME ANNA FUCHS

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Fuchs 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 2, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Marek

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Fuchs

(b) Address 1019 Emmett St.

17. (a) Burial (b) Date thereof Oct. 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. E. Maydell

(b) Address 1926 Allen Ave.

19. (a) OCT 2 1940 (b) J. E. Maydell
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 Emmett St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st
year 1940 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2:30 PM - 10-1- 1940, to 5:20 PM 10-2- 1940
that I last saw her alive on 6:20 10-2-40 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. F. Murray (M. D. or other) i
Address 900 - Russell Date signed 10-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Benj. C. Duman

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen

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.