

FILED NOV 20 1940

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

35670
Do not use this space.

1. PLACE OF DEATH *20*
 (a) County *L. Fayette* Registration District No. *457*
 (b) Township *Concordia* Primary Registration District No. *4271*
 (c) City *Concordia* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Andrea Conrad Fuchs*
 (a) Residence, No. *Concordia, Mo.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *whit* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 27 - 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*
 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) *Berming*

FATHER
 13. NAME *Christian Fuchs*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER
 15. MAIDEN NAME *Johanna Hauschild*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Clara Fuchs*

18. BURIAL, CREMATION OR REMOVAL
 PLACE *St. Pauls* DATE *10-7-40*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Fleeting & Veigt Concordia*

20. FILED *Oct 7 1940* *Herbert and Shyman*
 Leg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 5 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 24 1936* to *Oct 5 1940*
 I last saw him alive on *Oct 4 1940* Death is said to have occurred on the date stated above, at *4:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma Colon Descending Date of onset *1935*

Other contributory causes of importance: *1/2*

Name of operation *Colostomy* Date of *11-25*
 What test confirmed diagnosis? *Specimen* 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? *NO*
 If so, specify _____
 (Signed) *E. J. Johnston* M. D.
 (Address) *Concordia*

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-7-70

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 *E. S. Trucking* *F. C. Veigt*
2959 *1115*
Licensed Embalmer No.....
P. O. Address *Concordia Mo*

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

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