No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4193

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1196

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4112 Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4112 Wyoming
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie Fuessel
3. (b) If veteran, name war
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Fuessel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 3, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	1	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name Ferdinand Volke
13. FATHER Birthplace (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Fred Fuessel Jr.
(b) Address 738 Belt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) FEB 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1943 hour 9.00 P.M. minute M.
21. I hereby certify that I attended the deceased from Jan 31, 1943 to Feb 4, 1943 that I last saw her alive on Feb 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Due to Chr. Myocarditis Mitral Regurgitation	7 yrs
Due to	
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)
(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? (Specify type of place)
While at work (e) Means of injury

23. Signature Geo. Becker (M. D. or other)
Address 3547 Utah Blv Date signed 2/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas Eynott

Licensed Embalmer No. 1284

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, fact should be so stated above.