

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4194

FILED FEB 18 1943 18

1003

Registrar's No. 1273

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: 3456 Gravois Avenue /
(d) Length of stay: In hospital or institution 44 years
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(d) Street No. 3456 Gravois Avenue 9 16
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Emilie Fugger
(b) If veteran, name war -- (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 7
year 1943 hour 12 minute 45 A.M.

4. Sex Female 5. Color or face White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Karl Fugger 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 9, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/27/42 to 2/26/43
that I last saw him alive on 2/26/43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 2 28 hr. min.

Immediate cause of death Carcinoma of Liver Duration 18 MO

9. Birthplace Home Germany (City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Home

Major findings: Of operations
Of autopsy

11. Industry or business

12. Name Meeh
13. Birthplace Germany (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 Karl Fugger
(b) Address 3456 Gravois Avenue

17. (a) Burial (b) Date thereof 2 9 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Fugger
(b) Address 3634 Gravois Avenue

19. (a) FEB 23 (b) J. F. Fugger (Registrar's signature)

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 (c) Means of injury

23. Signature W. Demko (M. D. or other) 3/4/43
Address 3450 Gravois Ave Date signed 3/4/43

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.....

Robert Crocker

Licensed Embalmer No.....

2128

P. O. Address.....

Spokane

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.