. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8293

APR 9 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3035

1. PLACE OF DEATH:

(a) County ..... St. Louis

(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1423 N. Newstead / (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 DEACEASED: 000 17 9 11

(a) State Mo. (b) County .....

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1423 N. Newstead Ave (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Adelheid Fuchs

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles F. Fuchs

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 4 (Day) 1857 (Year)

8. AGE: Years 85 Months 4 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Christain Foldhorff

13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Charlotte Fuchs

(b) Address 1423 N. Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 30 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 31, 1942 to March 29, 1943 that I last saw her alive on March 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	2 days
Due to Chronic myocarditis	
Due to Chronic fib'o carditis (mitral insufficiency)	
Due to Uremia sclerosis.	
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 H. G. Hoenning (M. D. or other)

Address 4548 Harris Av. Date signed 3/30/43

(Licensed Embalmer's Statement on Reverse Side)

4548 Harris Bo. 5758

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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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address 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, fact should be so stated above.