

FILED DEC 4 1943

Registration District No. 2070

Primary Registration District No. 2070

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
244 GLENDALE RD.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 244 E. Glendale Rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMELIA HENRIETTA FOX

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. Divorced WIDOW

6. (b) Name of husband or wife HENRY FUCHS DEC. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 25 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace HIGH RIDGE (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business OWN HOME

12. Name CHARLES SCHNEEBEGER

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

14. Maiden name ELIZABETH ALT

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

16. (a) Informant Dr. Ella L. Lundberg

(b) Address 244 E. Glendale Rd. Webster Groves

17. (a) BORIAL (Burial, cremation, or removal) (b) Date thereof DEC 4-1943
(Month) (Day) (Year)

(c) Place: burial or cremation ST. MARTINS Cem-HIGH RIDGE

18. (a) Signature of funeral director [Signature]

(b) Address North Springs MO

19. (a) DEC - 2 1943 (Date received local registrar) (b) E. B. McHaver, Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1st to Dec 1st 1943

that I last saw her alive on Dec 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Memoria Duration 2 day

Due to Myocardite Chr. ?

Due to Nephretic Chr ?

Other conditions Anemia (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none 131 f

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M.D. or other) MO
Address Webster Groves Mo Date signed 12-2-43

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

96
7
4

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..... *C. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Grove*

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.