

FILED JUL 31 1944 318

Registration District No.

Primary Registration District No.

Registrar's No. 6503

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10-days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Fred W. Fluchel

3. (b) If veteran, name war
3. (c) Social Security No. 488-01-4824

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 23, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 I hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (furniture)

11. Industry or business

MOTHER FATHER

12. Name Bernard Fuchel

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Fuchel

(b) Address 6130 Tennessee

17. (a) Cremation (b) Date thereof July 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Edna Fuchel

(b) Address 3013 Meramec St.

19. (a) JUL 24 1944 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town 6130 Tennessee Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-2-44
to 7-24-44
that I last saw him alive on July 24
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Meningitis Duration 6 da

Due to Carcinoma of Bladder (Urinary) and operation of Removal 11 da

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?

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

23. Signature L. F. Murray (M. D. or other)
Address 900 - Russell Date signed 7-29-44

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

844

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.....

Francis A. Williamson

Licensed Embalmer No.....

3565

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.