

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35877
Registrar's No. 9662

Registration District No. _____ Primary Registration District No. 1003

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:
Geitner Nursing Home
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5510 So. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Fugman
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred C 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 13
year 1944 hour 1.50 AM minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 21
1944 to Nov. 13 1944
that I last saw ha alive on Nov. 12 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 4 20 _____ hr. _____ min.

Immediate cause of death Diabetes Mellitus
Due to Cerebral hemorrhage
Due to Thrombo Angitis Obl.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 61
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Germany (City, town, or county) (State or foreign country) IL
10. Usual occupation Housework
11. Industry or business At Home
12. Name Unknown Hugo
13. Birthplace Germany (City, town, or county) (State or foreign country) IL
14. Maiden name Unknown Wolfrom
15. Birthplace Germany (City, town, or county) (State or foreign country) IL
16. (a) Informant Fred E Fugman
(b) Address 5510 So. Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 15 44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. kingshighway
19. (a) NOV 14 1944 (Date received local registrar) (b) J. Medek (Registrar's signature)

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 J. C. Herchumacher (M. D. or other) _____
Address 5000 S. Broadway Date signed 11/14/44

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

Dr. Penckemoider
57006 So. Broadway
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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..... *Edwin D. McDermott*
Licensed Embalmer No. *3024*
P. O. Address.....

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.