

FILED FEB 11 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Hrs. 35 Minutes
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2525 So. 14th. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvester Carl Fuge

3. (b) If veteran, name war None
3. (c) Social Security No. 493-18-3719

20. DATE OF DEATH: Month January day 28
year 1946 hour 3 minute 55 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive * years 27
7. Birth date of deceased May 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 27, 1946, to Jan 27, 1946
that I last saw him alive on Jan 27, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 22 Months 8 Days 1
If less than one day hr. _____ min. _____

Immediate cause of death Respiratory
Dyspnea 12 hrs.
Duration

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

Due to _____
Due to _____

10. Usual occupation Bell Hop

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Robidoux Hotel

Major findings: W
Of operations _____
Of autopsy _____

12. Name Henry C. Fuge

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

14. Maiden name Mattie Tippen

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

16. (a) Informant Mr. Henry C. Fuge

(b) Address 2525 So. 14th. St.

17. (a) Burial (b) Date thereof Jan. 30, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Arthur W. Ashford
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Jan 30 1946 (b) [Signature]
(Date received local registrar) (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? _____

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

23. Signature [Signature] (M. D. or other) MD
Address 218 N. 7th St Date signed 1-28-46

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

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MAR 8 1946

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 Almer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.