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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **12792**

Registration District No. **118**

Primary Registration District No. **5439**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Concepcion Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 1/2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade **37**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA 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 Anton Fuchs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOT KNOWN 1959
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Westergel **9**

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

14. Maiden name Not known

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

16. (a) Informant William Fuchs

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 2-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Catholic Cemetery

18. (a) Signature of funeral director Nicholas W. White

(b) Address Owensville, Mo.

19. (a) 3-9-46 (b) Arnoldy Hackman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 1-16, 1946, to 2-2, 1946;
that I last saw her alive on 2-11-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations 107

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 Dr. Edwin Nelson (M. D. or other) **0**

Address Owensville, Mo. Date signed 2-11-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-16-46

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melford N. N. Winter

Licensed Embalmer No. 3838

P. O. Address Quincyville Md.

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.