

FILED MAR 4 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1852**

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

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: **7611 Vermont**
(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)

3. (a) PRINT FULL NAME **Leo Fuchs**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **no**

4. Sex **male** 0 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Mary**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: **May 9 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **13**
 If less than one day
 hr. min.

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

10. Usual occupation..... **retired**

11. Industry or business.....

12. Name..... **Leo Fuchs**

13. Birthplace..... **Switz. 5**
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown**

15. Birthplace..... **Switz. 5**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Elsie Hettinger**

(b) Address..... **7611 Vermont**

17. (a) **burial** (b) Date thereof **2/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Park Lawn Cem.**

18. (a) Signature of funeral director..... **Fendler Und Co.**

(b) Address..... **7420 Michigan Ave.**

19. (a) **FFD** (b) **J. F. Prudek**
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7611 Vermont** **9**
(If rural, give location) **10**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22**
 year..... hour **12** minute **30 a** M.

21. I hereby certify that I attended the deceased from **July 4**
 19 **47**, to **Feb 22**, 19 **48**
 that I last saw **him** alive on **Feb 22**, 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of the descending colon**
 Duration: **8 months**

Due to **Secondary Metastasis to other vital organs.**

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

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 place)

While at work?.....
(e) Means of injury

23. Signature **George O'Sullivan** (M. D. or other) **M.D.**

Address **421 W. Schermer** Date signed **2-23-48**

Duration:

PHYSICIAN

Underline the cause of which death should be charged statistically.

1852

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 W E Morris.....

Licensed Embalmer No. 3360.....

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.