

FILED AUG 6 1948

318

6646

Registration District No.

Primary Registration District No.

1005

Registrar's No.

1. PLACE OF DEATH:

(a) County ST LOUIS MO
 (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:
AT HOME 4804 PALM ST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution —
 In this community 25 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME CECELIA NELLIE FUGEL3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife HENRY A FUGEL 6. (c) Age of husband or wife if alive DECEASED years
 7. Birth date of deceased NOV 22 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 4 18 hr. 30 min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business —12. Name DOMENICK BURNS13. Birthplace IRELAND
(City, town, or county) (State or foreign country)14. Maiden name BRIDGET BLAKE15. Birthplace IRELAND
(City, town, or county) (State or foreign country)16. (a) Informant George A. Fugel(b) Address —17. (a) BURIAL (b) Date thereof JULY 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEM18. (a) Signature of funeral director Walter Becker(b) Address 6536 Clear Cr. Rd.19. (a) JUL 28 1948 (b) Joseph B. Fucina
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
 (c) City or town ST LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4804 PALM ST
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 6 minute 30 P M.21. I hereby certify that I attended the deceased from Mar. 19
1948 to 7-26, 1948
that I last saw her alive on July 26, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis, chronic Duration 3 mo.Due to Diabetes mellitusDue to —Other conditions Carcinoma of uterus
(Include pregnancy within 3 months of death)Major findings: Of operations HSOf 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? —While at work? (Specify type of place) (c) Means of injury —23. Signature Joseph B. Fucina (M. D. or other) MDAddress 2501 N. Taylor Date signed 7-26-48

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..... *Elmer R. Cadwell*
Licensed Embalmer No..... 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.