

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>9495</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2</u> OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2209</u>		d. STREET ADDRESS (If rural, give location) <u>3225 Montgomery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7th, 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) _____		b. (Middle) <u>CHRISTIAN</u>		c. (Last) <u>FUCHS</u>		5. SEX <u>Male</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 21, 1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>50</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
13a. FATHER'S NAME <u>Emil Fuchs</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Oberbeck</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harvey Sattler, 1022 Sells Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443 X</u>					
22. I hereby certify that I attended the deceased from <u>9/1/50</u> to <u>11/7/50</u> , 19____, that I last saw the deceased alive on <u>11/7/50</u> , 19____, and that death occurred at <u>5:25am</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Kiyman M.D.</u> (Degree or title)				23b. ADDRESS <u>1515 Lafayette Ave.</u>		23c. DATE SIGNED <u>11/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 8 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasata</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich Funeral Home, 8319 Halls Ferry Rd.</u>			

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

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.