

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 388

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fullan</u>	c. LENGTH OF STAY (In this place) <u>18 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winkwood 4703</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS (If rural, give location) <u>421 E. Elliott</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) _____ c. (Last) <u>Fuchs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1951</u>			
5. SEX <u>Woman</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9 July 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 2 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Uuk</u>	13b. MOTHER'S MAIDEN NAME <u>Uuk</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Uuk</u>	16. SOCIAL SECURITY NO. <u>Uuk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>	ADDRESS <u>Fullan Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>334x</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 22 Dec, 1950, to 10 Jan, 1951, that I last saw the deceased alive on 10 Jan, 1951, and that death occurred at 12:28 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.S. Warach</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Fullan Mo</u>	23c. DATE SIGNED <u>10 Jan 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan 12 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption Matinee Mo</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>Jan-10-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>426 E. Elliott</u>	ADDRESS <u>331 E. Kirkwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William H. Pitzinger

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Herbwood 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.