

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37195

FILED OCT 30 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10167**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5114 Rosa** e. STREET ADDRESS (If rural, give location) **5114 Rosa** **2029**

3. NAME OF DECEASED (Type or Print) a. (First) **Amalia** b. (Middle) \_\_\_\_\_ c. (Last) **Fuchs** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 25, 1953**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow** 8. DATE OF BIRTH **Jan 19, 1871** 9. AGE (In years last birthday) **82** if UNDER 1 YEAR Months Days if UNDER 2 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Mascoutah, Ill.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Christian Mathias** 13b. MOTHER'S MAIDEN NAME **Wolf** 14. NAME OF HUSBAND OR WIFE **Dr A J Fuchs**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Columbia I Hoeger 5114 Rosa**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Insufficiency** **3 Wks**  
ANTECEDENT CAUSES **Mycocardial Infarct** **3 Wks**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) **Cardio-Vascular Disease** **4 Yrs**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **Jan 17, 1922**, to **Oct 25, 1953**, that I last saw the deceased alive on **Oct 24, 1953**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harry R. Kerck M.D.** 23b. ADDRESS **5623 E. Kingshighway** 23c. DATE SIGNED **10/26/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10/27/53** 24c. NAME OF CEMETERY OR CREMATORY **Municipal Cemetery** 24d. LOCATION (City, town, or county) (State) **Mascoutah, Ill.**

DATE REC'D BY LOCAL REG. **OCT 26 1953** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J L Ziegenhein & Sons 7027 Gravoie**

(Licensed Embalmer's Statement on Reverse Side)

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 Donald E. Benz, Student Embalmer No. 486, working under my personal supervision..

Student Donald E. Benz  
Signature of Student Embalmer

Signed B. P. Kidwell  
Licensed Embalmer No. 387

P. O. Address 7027 Gra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.