

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10732

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3315**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at City Hosp.		e. STREET ADDRESS (If rural, give location) 5515 Tennessee Ave., 21570	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) G. c. (Last) Fuchs,		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956	
5. SEX: Male. <input type="radio"/>	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH February 22, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Top Trimmer,		10b. KIND OF BUSINESS OR INDUSTRY Ollie Auto Top Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
13a. FATHER'S NAME John A. Fuchs,		13b. MOTHER'S MAIDEN NAME Rose Mathew,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Marie C. Fuchs,
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie C. Fuchs, 5515 Tennessee Ave.,	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Coronary insufficiency) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Anxiety state			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 420.1 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 OF INJURY (Month) (Day) (Year) (Hour)	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 10/4/52 , 19 52 , to 2/26 , 19 56 , that I last saw the deceased alive on 2/26/ , 19 56 , and that death occurred at 2:55P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John O. Plesous M.D.		23b. ADDRESS 3632 Bates St.	23c. DATE SIGNED 4/8/56 (State)
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 4/3/56	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	24d. LOCATION (City, town, or county) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. APR 2 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,	
(Licensed Embalmer's Statement on Reverse Side)		St. Louis, 18, Mo.	

WRITE PLAINLY—USE 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....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joe B. Benz

Licensed Embalmer No. 42

2842 Meram

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.