IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028324

FILED VS AUG 1 0 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7196

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A.St. Johns Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Town and Country
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 12302 Crystal View La
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CARITA Middle REE Last FUCHS
4. DATE OF DEATH Month July Day 17 Year 1960
5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-7-1913
9. AGE (last birthday) 47
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Aledo, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sterling Price Newland
13b. MOTHER'S MAIDEN NAME Olive Marie Sterner
14. NAME OF HUSBAND OR WIFE Frank X. Fuchs Jr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 331-10-2210
17. INFORMANT Mr. Frank X. Fuchs Jr. Address 12302 Crystal View La

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Accidental suffocation secondary
DUE TO (b) to accidental inhalation of piece
DUE TO (c) steak fat 3.5cm x 2.5cm x 1.5cm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
OK Paul Leo Deputy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9216 - 46
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) as above
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Chase Hotel, 212 N. Kingshighway
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY STATE Missouri
21. I attended the deceased from May 16, 1958, to July 17, 1960 and last saw her alive on July 15, 1960
Death occurred at about 9 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) W. C. Mosely Jr MD
22b. ADDRESS 6 Ny Nr Grand
22c. DATE SIGNED 7/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 20, 1960
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
24. FUNERAL DIRECTOR C.R. Lupton and Sons
ADDRESS 7233 Delmar
25. DATE RECD. BY LOCAL REG. JUL 19 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence H. Mu

Signature of Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St. Louis

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