

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not write on this page.

5248

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **4581a Clarence Ave.** St. **Mo.**
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **1893**

2. PRINT FULL NAME **Edward H. Fuist 230**

(a) Residence, No. **4581a Clarence Ave.** St. **Mo.** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Fuist**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 11, 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

58 5 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**

9. Industry or business in which work was done, as saw mill, bank, etc. **Groceries**

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER

13. NAME **Fred H. Fuist**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

MOTHER

15. MAIDEN NAME **Louisa Horstman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Mrs. Anna Fuist 4581a Clarence Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Feb. 25, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles Brown Funeral Home 4911 Washington, St. Louis, Mo.**

20. FILED **FEB 23 1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at **6:45 a.m.**

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance: **gra**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so specify **Alfred Perry** (Signed) M.D.

(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ELTON T. H. TREMELIUS, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Elton T. H. Tremelius

Licensed Embalmer No. 3154

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.)