

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

8500  
Do not use this space.

APR 12 1939

791  
1003

Registered No. **2265**

1. PLACE OF DEATH

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

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

(c) City St. Louis..... (d) Street No. 3726 Louisiana Ave...... St.

(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.

2. PRINT FULL NAME Michael H. Fuchs

(a) Residence, No. 3726 Louisiana Ave...... St. 17

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Elizabeth Fuchs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1859

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

80      1      8

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

9. Industry or business in which work was done, as saw mill, bank, etc. Retired 20yrs.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Mattesse (STATE OR COUNTRY) Mo.

FATHER 13. NAME Andrew Fuchs

14. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Caroline Stitz

16. BIRTHPLACE (CITY OR TOWN)..... Germany (STATE OR COUNTRY)

17. INFORMANT Elizabeth Fuchs (ADDRESS) 3726 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattesse Mo. DATE MARCH 11 1939

19. FUNERAL DIRECTOR (NAME) J.H. Sullivan & Co. (ADDRESS) 2842 Meramec St.

20. FILED MAR 9 1939 J.D. Budnik Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 15 1938, to March 8 1939  
I last saw him alive on March 8 1939. Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis  
20 years  
J.H.  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....  
(Signed) Albert G.hardt, M. D.  
(Address) 3438 Chippewa

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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

**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.)**

**St. Louis, Mo.**

**If this body is not embalmed, above space should be left blank.**