

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4900

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Baptist Hospital  
(If not in hospital or institution, with street number or location)  
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME: THERESA JOSEPHINE FUCHS

8. (b) If veteran, name war: none 8. (c) Social Security No.: none

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: m

(b) Name of husband or wife: George W. Fuchs 6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Feb 2 1864  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 0 If less than one day hr. min.

9. Birthplace: Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Unknown  
12. Name: John Steinger  
18. Birthplace: Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: George W. Fuchs  
(b) Address: 9437 - Baltimore Overland, Mo

17. (a) Burial (b) Date thereof: 6-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Sunset Park

18. (a) Signature of funeral director: Sumner  
(b) Address: 2504 Woodson Rd - Overland, Mo

19. (a) JUN 4 1940 (b) J. F. Predeck  
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: Overland (If outside city or town limits, write "RURAL") N.R.  
(d) Street No.: 9437 - Baltimore (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 42 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1940 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 15  
1940 to June 27, 1940  
that I last saw him alive on June 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis  
Due to: Arterio Sclerosis D.K.

Due to: \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury: 1  
23. Signature: Charles A. Gre (M. D. or other)  
Address: 1506. Hodiam Date signed: June 4

Duration

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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

working under my personal supervision.

Signed

*Oscar F. Mueller*

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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