

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 years, months or days) 15 yrs

3. (a) PRINT FULL NAME Agnes Fuchs3. (b) If veteran,
name war. No8. (c) Social Security
No. None4. Sex F5. Color or
race W6. (a) Single, widowed, married,
divorced. M6. (b) Name of husband or wife
John6. (c) Age of husband or wife if
alive. 46 years7. Birth date of deceased April 1, 1901
(Month) (Day) (Year)

8. AGE:

Years
39Months
2Days
26If less than one day
hr. min.

9. Birthplace

Pennsylvania
(City, town, or county) (State of foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Olshefske

13. Birthplace

Poland
(City, town, or county) (State or foreign country)

14. Maiden name

Johanna McClan

15. Birthplace

Poland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

John Fuchs

(b) Address

519 Pendleton

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7/1/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Valhalla Cemetery

18. (a) Signature of funeral director

J. J. McLaughlin

(b) Address

2301 Lafayette Ave19. (a) JUN 28 1940 (b)

(Date received local registrar)

J. J. Cuddeh
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 19
 (d) Street No. 519 Pendleton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Asphyxiation, self
 Due to _____

Due Administered at her

Other conditions

(Include pregnancy within 3 months of death)

Home June 25

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 6/25/40
 (c) Where did injury occur? Home
 (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) (b) Means of injury

23. Signature Alfred Perrey (M. D. or other)Address St. Louis, Mo Date signed 6/28/40791
FILED JUN 27 1940

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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address. 2301 Lafayette

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.