. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40518

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10289

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/21/40 to 12/13/40 (Specify whether

In this community years, months or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3540 McKeen
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 61 years.

3. (a) PRINT FULL NAME Fuager, Andrew

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Florence Pickel

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April (Month) 6 (Day) 1855 (Year)

8. AGE: Years 85 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Wurzberg (City, town, or county) Germany (State or foreign country)

10. Usual occupation Costumer

11. Industry or business Makeing of Costumes + Wigs

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Viola M. Clarke

(b) Address 3540 McKEAN AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter + Paul

18. (a) Signature of funeral director Henry L. Kuchmueller

(b) Address 6203 Gravois Ave

19. (a) DEC 15 1940 (Date received local registrar) (b) L. N. Bredert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1940 hour 8:00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Nov. 21, 1940, to Dec 13, 1940 that I last saw him alive on Dec 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and senility (2) Chronic Cystitis { non catarrhal / non gonococcic / non tubercular

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration ?

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. Signorelli (M. D. or other) MD

Address 1829 Cass Ave Date signed 12/14/40

(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 by me, or by.....

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

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.