. S. No. 2
M—4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 272

Registrar's No. 623

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: 3402 So. Spring
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3402 So. Spring
(If rural, give location)

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

3. (a) PRINT FULL NAME Hans Fonseca

3. (b) If veteran, name war

3. (c) Social Security No. 498-01-3454

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April (Month) 3 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	16	hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name not known

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

16. (a) Informant Dora Fonseca

(b) Address 3402 So. Spring

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director John L. Zigenhein & Son

(b) Address 7027 Gravois

19. (a) JAN 20 1942 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 14 - 1942 to Jan 19 - 1942 that I last saw ~~him~~ alive on Jan 19 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Duodenal Ulcer

Due to

Other conditions Anemia
(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 C. F. Cloppel (M. D. or other)

Address 905 Morrison Ave. Date signed 1/19/42

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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, fact should be so stated above.