

FILED NOV 4 1942

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5547 A. S. GRAND AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CORNELIA FUGGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married WIDOW
divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 30 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSE WIFE

12. Name JOHN CHRISTEL

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

14. Maiden name UNKNOWN

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

16. (a) Informant LAURA FUGGER

(b) Address 5547 A S GRAND AVE

17. (a) BURIAL (b) Date thereof OCT 26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See St. Paris.

18. (a) Signature of funeral director J. F. Brudick & Son

(b) Address 2906 Grayson Ave

19. (a) OCT 4 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 12

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 9 15

(d) Street No. 5547 A S. GRAND AVE
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1942 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 3 1942 to Oct 22 1942
that I last saw her alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

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

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) _____

(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) (e) Means of injury _____

23. Signature W. B. Bush (M. D. or other) 0

Address 2005 S Grand Date signed Oct 29 42

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.....

David Van Farrow

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harris*

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.