

FILED NOV 29 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9988

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:
1720 Arlington 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 Arlington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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617
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3. (a) PRINT FULL NAME John George Fuchs.

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, Married

6. (b) Name of husband or wife Mary Fuchs 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feb. 25, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 18 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name George Fuchs

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unkown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Fuchs

(b) Address 1720 Arlington Ave.

17. (a) Burial (b) Date thereof Nov. 16/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) NOV 15 1943 J. F. Buresch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12
year 1943 hour 2.10 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1943, to _____, 1943;

that I last saw him alive on November 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac hemorrhage Duration _____

Due to arteriosclerosis

Due to metabolic disturbances of chronic nature

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

PHYSICIAN

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 O. Lizzari (M. D. or other) _____

Address 1900 Bell Ave Date signed 11-15-43

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

Dr. A. Spizzirri
1900 Belt Ave.,
R.O. 6032, Res. G.O. 9200
1638 Purd Ave.,

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.....

Licensed Embalmer No. *J. Spizzirri* 3225

P. O. Address. 1125 Hodiamont Ave.,

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.